



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 08/29/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 3xWeek x 4Weeks for Left Shoulder

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Physical Therapy 3xWeek x 4Weeks for Left Shoulder – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Evaluation F.N.P., 03/02/06
- DWC Form 73, M.D., 03/02/06
- Evaluation, M.D., 03/02/06, 03/23/06, 05/01/06, 06/22/06, 09/22/06, 11/14/06

- Operative Report, Dr., 03/15/06
- Left Wrist X-Ray, M.D., 03/15/06
- Physical Therapy, 03/23/06, 04/12/06, 04/13/06, 04/18/06, 04/19/06, 04/20/06, 04/26/06, 05/02/06, 05/03/06, 05/23/06, 05/25/06, 05/30/06, 05/31/06, 10/02/06
- Evaluation, M.D., 06/23/06, 07/10/06, 08/14/06, 08/30/06
- Designated Doctor Evaluation (DDE), M.D., 11/10/06
- Initial Evaluation, 12/05/06, 12/12/06, 12/10/08
- Form 73, 12/05/06, 01/04/07, 02/08/07, 04/16/07, 06/05/07, 07/10/07, 08/14/07, 10/30/07, 01/22/08, 02/26/08, 03/26/08, 04/28/08, 05/23/08, 06/30/08, 07/30/08, 09/02/08, 12/02/08, 12/10/08, 01/05/09, 01/14/09, 02/05/09, 04/13/09, 05/18/09, 07/17/09, 08/26/09, 10/01/09, 11/02/09, 01/25/10, 04/21/10, 04/28/10, 09/21/10, 12/07/10, 01/12/11, 01/18/11, 03/01/11, 03/08/11, 04/05/11, 05/17/11
- Chiropractic Therapy, 12/12/06, 12/27/06, 01/03/07, 01/08/07, 01/09/04, 01/11/07, 01/18/07, 01/19/07, 01/22/07, 01/24/07, 01/25/07, 01/26/07, 01/29/07, 01/30/07, 02/13/07, 02/21/07, 03/02/07, 03/07/07, 03/30/07, 04/09/07, 04/10/07, 04/11/07, 04/16/07, 04/18/07, 04/23/07, 05/01/07, 05/08/07, 05/09/07, 05/14/07, 05/21/07, 05/29/07, 06/06/07, 06/26/07, 07/10/07, 07/30/07, 08/08/07, 08/14/07, 10/30/07, 12/18/07, 12/27/07, 01/22/08, 02/05/08, 02/12/08, 02/26/08, 03/04/08, 03/12/08, 03/26/08, 04/08/08, 04/26/08, 05/13/08, 05/23/08, 05/28/08, 06/10/08, 06/12/08, 06/16/08, 06/17/08, 06/18/08, 06/23/08, 06/24/08, 06/25/08, 06/30/08, 07/02/08, 07/07/08, 07/09/08, 07/14/08, 07/17/08, 07/28/08, 07/29/08, 07/30/08, 08/11/08, 08/13/08, 08/18/08, 08/20/08, 08/26/08, 08/28/08, 09/02/08, 09/09/08, 09/22/08, 09/30/08, 10/02/08, 10/03/08, 10/06/08, 10/08/08, 10/10/08, 10/13/08, 10/14/08, 10/16/08, 10/20/08, 10/22/08, 10/23/08, 10/27/08, 11/04/08, 11/09/08, 12/10/08, 12/22/08, 01/14/09, 01/15/09, 01/16/09, 01/20/09, 01/21/09, 01/22/09, 01/26/09, 01/27/09, 02/12/09, 02/19/09, 02/24/09, 03/09/09, 03/16/09, 03/17/09, 03/24/09, 03/26/09, 03/29/09, 03/31/09, 04/02/09, 04/06/09, 04/13/09, 04/16/09, 04/20/09, 04/21/09, 04/27/09, 05/06/09, 05/07/09, 05/18/09, 06/04/09, 07/17/09, 07/27/09, 07/29/09, 07/30/09, 08/03/09, 08/05/09, 08/06/09, 08/10/09, 08/12/09, 08/13/09, 08/17/09, 08/20/09, 08/24/09, 08/26/09, 09/01/09, 09/10/09, 10/01/09, 10/06/09, 11/02/09, 02/16/10, 02/19/10, 03/03/10, 03/16/10, 03/22/10, 03/25/10, 03/29/10, 03/31/10, 04/06/10, 04/14/10, 04/21/10, 04/25/10, 05/18/10, 06/30/10, 07/13/10, 09/21/10, 12/07/10, 01/12/11, 01/18/11, 02/14/11, 03/01/11, 03/08/11, 03/14/11, 03/25/11, 03/30/11, 04/05/11, 04/06/11, 04/11/11, 04/12/11, 04/13/11, 05/11/11, 05/16/11, 05/17/11, 05/23/11, 05/25/11, 06/01/11, 06/07/11, 06/08/11, 06/13/11, 06/14/11, 06/20/11, 06/21/11, 06/22/11, 06/27/11, 06/28/11, 06/29/11, 07/05/11, 07/18/11
- Subsequent Evaluation, 01/04/07, 01/30/07, 02/08/07, 05/01/07, 06/05/07, 07/10/07, 08/14/07, 08/28/07, 10/30/07, 11/15/07, 12/18/07, 02/05/08, 03/04/08, 04/08/08, 05/13/08, 06/24/08, 07/29/08, 09/09/08, 10/14/08, 02/19/09, 02/24/09, 05/18/09, 06/04/09, 07/17/09, 08/26/09, 09/01/09, 10/01/09, 10/06/09, 11/02/09, 11/17/09, 02/16/10, 03/16/10, 04/21/10, 04/28/10, 07/13/10, 09/21/10, 12/07/10, 01/18/11, 03/01/11, 03/08/11, 04/05/11, 05/17/11, 06/28/11, 07/18/11
- Left Wrist MRI, M.D., 01/05/07
- MRI Left Shoulder, Dr. 01/05/07
- EMG and Nerve Conduction Study, M.D., 01/31/07, 04/13/10

- Upper Extremity Study, Dr. 02/10/07
- Consultation, M.D., 03/01/07, 08/05/10
- Procedure Note, Dr. 04/04/07, 06/25/07, 10/22/07
- DDE, M.D., 06/21/07
- Follow Up Note, 07/26/07, 09/27/07, 10/29/07, 11/29/07
- Behavioral Health Assessment, 08/01/07
- Evaluation, 01/30/08
- Impairment Rating, 02/29/08
- DDE, 03/18/08
- Evaluation, 05/21/08, 06/13/08, 06/21/08, 11/17/08, 12/03/08, 05/20/09
- Left Wrist CT Scan, 06/09/08
- Computerized Muscle Test (CMT), 06/17/08, 08/13/08
- Required Medical Examination (RME), M.D., 01/06/09, 03/17/10
- Chronic Pain Program, 11/17/09, 11/18/09, 11/23/09, 11/24/09, 11/25/09, 12/01/09, 12/02/09, 12/07/09, 12/08/09, 12/09/09, 12/14/09, 12/15/09, 12/21/09, 01/05/10, 01/11/09, 01/12/10, 01/19/10, 01/20/10, 01/25/10, 01/27/10, 02/02/10, 02/03/10, 02/09/10
- Pre-Authorization, 05/29/09
- Chest X-Rays, M.D., 06/17/09
- Pre-Operative Counseling Note, , 06/17/09
- Evaluation, 06/18/09
- Operative Report, M.D., 06/30/09
- Physical Performance Examination (PPE), 09/10/09, 02/19/10
- Evaluation, Dr. 09/17/09
- DDE, M.D., 03/10/10
- DWC Form 73, Dr., 03/10/10
- Evaluation, , 01/19/11, 02/02/11, 02/18/11, 06/10/11, 06/30/11, 07/28/11
- DWC Form 73, 01/18/11, 02/02/11
- Operative Procedure Report, M.D., 03/03/11
- Letter of Medical Necessity, , 05/10/11, 06/24/11
- DDE, M.D., 05/31/11
- Form 73, Dr. 05/31/11
- Functional Capacity Evaluation (FCE), , 06/09/11
- Denial Letter, 07/15/11, 07/25/11
- Reconsideration for Physical Therapy, 07/18/11
- IRO Request for Physical Therapy, 08/05/11
- Carrier Submission, Law Offices, 08/12/11
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The records available for review document that the patient developed a difficulty with pain in the left upper extremity when the patient was pushing a dumpster. The dumpster started to roll back and the claimant attempted to stop it with her left hand.

The records available for review document that surgical intervention was performed to the left upper extremity on 03/15/06. The surgery consisted of an open reduction and internal fixation procedure of the distal radius.

The records available for review indicate that the patient received at least thirteen sessions of supervised physical therapy services from 03/23/06 to 05/03/06.

A Designated Doctor Evaluation was conducted by Dr. on 03/18/08. On this date, it was documented that the patient appeared to be with a medical condition of complex regional pain syndrome in the left upper extremity. It was documented that she underwent placement of a spinal cord stimulator. The exact date of the procedure was not documented. This physician placed the patient at the level of Maximum Medical Improvement and awarded a total body impairment of 37 percent.

An Independent Medical Examination was conducted by Dr. on 01/06/09. It was documented that the patient was with symptoms of pain in the left hand and shoulder. It was noted that she had previously been evaluated by Dr. on 07/01/08 and the physician indicated that "since I last saw her, there has been no significant change in her condition."

The patient received at least 61 sessions of supervised therapy services from 01/14/09 to 12/21/09.

The records available for review indicate that the patient received at least 27 sessions of supervised therapy services from 01/05/10 to 09/21/10.

On 03/17/10, an Independent Medical Examination was conducted by Dr. It was noted that the patient had "received extensive treatment, including physical therapy, chiropractic care, chronic pain management, and stellate ganglion blocks, et cetera, without significant improvement."

The records available for review indicate that the patient received at least 31 sessions of supervised therapy services from 01/21/11 to 07/19/11.

The patient was evaluated by Dr. on 03/01/11. It was documented that on 06/30/09, the patient underwent surgical intervention to the left wrist in the form of a removal of the dorsal plate. It was documented she had participated in post-operative therapy services with "some improvement."

A Designated Doctor Evaluation was conducted by Dr. on 05/31/11. It was documented that the patient was not a participant in work activities and it was documented that she last worked "somewhere in 2009." The evaluation was notable for the fact that it was

documented that she had undergone surgery to the left shoulder in March of 2011 for treatment of a rotator cuff repair. This physician felt that the patient was with a history of a complex regional pain syndrome referable to the left upper extremity, but this physician felt that this medical condition had essentially “burned out.”

The patient was evaluated by Dr. on 06/10/11. She was provided a prescription for Vicodin.

The patient was evaluated by Dr. on 06/08/11. On this date, she was provided a prescription for tramadol, Lexapro, Skelaxin, and Thera-Gesic analgesic cream.

Dr. evaluated the patient on 06/30/11, at which time she was provided a prescription for Vicodin.

The patient was evaluated by Dr. on 07/18/11. It was felt that the patient was an appropriate candidate for treatment in the form of physical therapy. It was also noted that consideration could be given for treatment in the form of a work conditioning program. It was documented that she was with symptoms of pain in the left shoulder.

Dr. evaluated the patient on 07/28/11 at which time it was recommended that the patient utilize Vicodin for management of pain symptoms.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The date of injury is listed as xx/xx/xxxx. It is documented that surgical intervention was performed to the left shoulder in March of 2011. The records available for review document that the patient has clearly received an extensive amount of supervised therapy services in the past. The records available for review do not provide any documentation to indicate that there has been a significantly positive response to past treatment in the form of supervised rehabilitation services. The patient is approaching six months removed from undergoing surgical intervention to the affected shoulder. The Official Disability Guidelines would support an expectation that the patient should be capable of a proper non-supervised rehabilitation regimen for the described medical situation when the patient is this far removed from the date of injury and when the patient is this far removed from undergoing surgical intervention to an affected shoulder. Consequently, in this particular case, per the criteria set forth by the Official Disability Guidelines, the medical necessity for ongoing treatment in the form of supervised rehabilitation services is not established, particularly when the records available for review would appear to indicate that there has not been a markedly positive response in the past to treatment in the form of supervised rehabilitation services.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM - AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR - AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**
- AMA GUIDES 5TH EDITION**