

SENT VIA EMAIL OR FAX ON
Feb/1/2012

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy (2wk4) 8 sessions

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

PMR

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 12/23/11, 01/06/12

Patient reevaluation dated 12/20/11, 11/02/11, 09/21/11

Handwritten note dated 01/17/12

EMG/NCV dated 01/03/12 with handwritten results

Functional capacity evaluation dated 07/29/11

Office visit note dated 06/09/11, 06/21/11, 08/10/11, 10/13/11, 12/15/11

IME dated 06/28/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. The patient reports gradual onset of bilateral shoulder pain and weakness with repetitive lifting at work. IME dated 06/28/11 indicates that the patient underwent right shoulder arthroscopy with a SLAP repair in September 2010 which did not benefit him. The patient developed a neurological problem and the exact diagnosis of this has not been established. He was seen by who feels he had an ALS. He has seen who feels that he may have ALS, and then he saw Appel who basically feels he has a brachial plexopathy because he has bilateral upper extremity denervation not consistent with motor neuron disease, but consistent with brachioplexus compromise. Additional physical therapy was recommended so the patient does not develop adhesive capsulitis at a frequency of twice a week for at least another 2-3 months. Patient reevaluation dated 12/20/11 indicates that the patient reports it is difficult for him to see

improvement, but he is consistent with his home exercise program. A total of 46 sessions of physical therapy have been approved to date.

Initial request for physical therapy x 8 sessions was non-certified on 12/23/11 noting that the patient has completed 46 postoperative physical therapy sessions to date. There is no evidence of functional progress of bilateral shoulder strength and AROM. Additional supervised rehab is simply futile. ODG does not recommend continuation of supervised rehab when there has been no evidence of functional progress which is clearly the case here. The denial was upheld on appeal dated 01/06/12 noting that per telephonic consultation with the requesting provider's office, she admitted that by her evaluation there had not been any change in the claimant's condition. Apparently, the therapist felt that there was some improvement and that additional therapy would be helpful. The claimant has been afforded a more than reasonable course of rehabilitative therapy and he should be well versed in a home exercise program. There is no evidence of significant ongoing benefit from the last several weeks of therapy to justify continuing this treatment.

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

Based on the clinical information provided, the request for physical therapy (2wk4) 8 sessions is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent surgical intervention to the right shoulder in September 2010 and has completed 46 postoperative physical therapy sessions to date. The submitted records fail to establish that the patient continues to demonstrate significant improvement in range of motion, strength or functional ability secondary to therapy. The Official Disability Guidelines support ongoing physical therapy only with evidence of objective, functional gains. Given the lack of documented ongoing physical gains, the requested physical therapy is not indicated as medically necessary. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program as recommended by the ODG.

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

ACOEM-AMERICA 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)