SENT VIA EMAIL OR FAX ON
Feb/03/2012

Pure Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Feb/02/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
97110 Physical Therapy Cervical Spine x 6 sessions; 97530 Therapeutic Activities Cervical Spine x 6 sessions; 97140 Manuel Therapy Cervical Spine x 6 sessions; 97112 Neuromuscular Reeducation Cervical Spine x 6 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:

[X] 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 01/12/12, 01/19/12, 10/19/11
Peer review dated 11/08/11
Request for reconsideration dated 01/12/12
Initial narrative report dated 01/03/12
Handwritten note dated 09/29/11, 09/12/11, 06/29/11
CT cervical spine dated 06/29/11
Radiographic report dated 06/29/11
CT head dated 06/29/11
Independent review organization summary dated 01/25/12
Employer’s first report of injury or illness dated XX/XX/XX
MRI right shoulder dated 09/26/11
Office visit note dated 11/21/11, 07/18/00, 08/15/00, 07/13/00, 06/15/00, 05/25/00, 04/27/00,

04/06/00, 03/23/00, 03/01/00, 02/10/00, 01/05/00, 12/15/99, 06/30/11
Impairment rating evaluation dated 07/18/00
Operative report dated 02/25/00
Letter dated 08/15/00

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is XX/XX/XX. On this date the patient slipped and fell on a wet floor. The patient's surgical history is significant for right shoulder arthroscopy with debridement rotator cuff tear, subacromial bursectomy, decompression of subacromial space with partial acromionectomy and open repair of rotator cuff tear supraspinatus on 02/25/2000, as well as right knee arthroscopy and partial medial meniscectomy on 08/05/08. CT of the cervical spine dated 06/29/11 revealed no acute osseous findings; however, degenerative changes are present. Peer review dated 11/08/11 indicates that full recovery as related to the 06/28/11 event had in all medical probability occurred on 06/30/11 when the claimant had a normal exam and requested to be released to full duty with no ongoing follow up after that. Treatment through 06/30/11 was reasonable. The patient was seen on 11/21/11 for right shoulder pain. There is no mention of neck pain and no physical examination of the cervical spine. Initial narrative report dated 01/03/12 indicates that the patient is wearing a right shoulder support sling. Diagnoses are listed as right shoulder sprain and strain, cervical sprain and strain, right shoulder rotator cuff syndrome (disputed) and muscle spasms. On physical examination palpation revealed muscle spasms bilaterally in the cervical spine region. Cervical range of motion is flexion 40, extension 30, left rotation 60, left lateral flexion 25, right rotation 50 and right lateral flexion 20 degrees.

Initial request for physical therapy to the cervical spine was non-certified on 01/12/12 noting that the claimant was seen in follow up on 06/30/11 with no complaints of pain, no abnormal exam findings and he was released to regular duty on 07/01/11. It is unclear what occupational pathology would require treatment at this time given the prior resolution of the symptoms. The denial was upheld on appeal dated 01/19/12 noting that medical records from 06/29/11 state that the patient has no pain and the extremity has full range of motion. There is documentation that the patient may return to work to full duty on Friday. Then there is a gap in treatment until 09/12/11, a period of 2.5 months. Even the ER note of 06/29/11 documents no functional deficits and no clinical findings beyond some trapezius and neck tenderness. If there are no documented functional deficits and no subjective pain complaints 1 day after the occupational injury claim date, medical necessity for supervised rehab over 6 months after the occupational injury claim date cannot be established.

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 97110 physical therapy cervical spine x 6 sessions; 97530 therapeutic activities cervical spine x 6 sessions; 97140 manual therapy cervical spine x 6 sessions; 97112 neuromuscular reeducation cervical spine x 6 sessions is not recommended as medically necessary, and the two previous denials are upheld. The submitted records indicate that the patient sustained a cervical sprain and strain on the date of injury which should have resolved at this point in time with or without treatment. CT of the cervical spine dated 06/29/11 revealed no acute osseous findings. Peer review dated 11/08/11 reports that full recovery as related to the 06/28/11 event had in all medical probability occurred on 06/30/11 when the claimant had a normal exam and requested to be released to full duty with no ongoing follow up after that.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES