

SENT VIA EMAIL OR FAX ON
Jan/18/2012

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/18/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3 X wk X 8 wks right shoulder

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

Orthopedic Surgery

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, 01/03/12

Preauthorization request form dated 12/20/11

History and physical dated 12/19/11

Referral form dated 12/20/11

Progress note dated 12/01/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient tripped on the stairs at work resulting in a fall. Follow up note dated 12/01/11 indicates that the patient presents to discuss the MRI results of her right shoulder. MRI of the right shoulder is reportedly significant for an intraarticular comminuted proximal humerus fracture. The patient

was taken out of a sling on this date and was recommended to begin physical therapy. History and physical dated 12/19/11 indicates that range of motion of the right shoulder is flexion 100, abduction 90, extension 40, IR 32 and ER 70 degrees.

Initial request for physical therapy 3 x wk x 8 wks was non-certified on 12/23/11 noting that there is no comprehensive history and physical examination from the requesting physician with pertinent findings that necessitate the requested physical therapy. The requested number of visits is in excess of guideline recommendations. The denial was upheld on appeal dated 01/03/12 noting that the Official Disability Guidelines support physical therapy with 18 visits over 12 weeks. The request for physical therapy 3 x a week x 8 weeks exceeds recommended guidelines.

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 3 x wk x 8 wks right shoulder is not recommended as medically necessary, and the two previous denials are upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient underwent MRI of the right shoulder; however, this study is not submitted for review. There is no current, detailed physical examination submitted for review from the patient's treating physician. Although some physical therapy for the patient's condition appears to be appropriate, the request for 18 sessions over 8 weeks is not indicated at this time. The Official Disability Guidelines recommend that patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy).

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)