



Notice of Independent Review Decision

DATE OF REVIEW: 06/12/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Therapeutic exercises (97110) and electrical stimulation other than wound (G0283)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., licensed in the State of Texas, board certified in the specialty of Physical Medicine and Rehabilitation, having practiced this medical specialty for greater than 35 years in active and continuing medical practice, familiar with the use of modalities in question as well as being certified in the use of the Official Disability Guidelines

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
840.9	97110		Conc.	9	05/02/12				Upheld
719.41	G0283		Conc.	9	05/02/12				Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 05/02/12 and 05/18/12, including criteria used in the denial.
3. Radiology reports: X-ray right shoulder and x-ray right clavicle 02/03/12.

4. Accident summary sheet 02/03/12.
5. Prescription 05/01/12.
6. Orthopedic evaluation 04/12/12.
7. S.O.A.P. notes 02/03/12 thru 08/18/12.
8. Work status reports 02/03/12 – 05/18/12.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

Review of the above documentation indicates that this individual was employed at a school and was in the process of opening a gate on a cafeteria. She began raising the gate, and it apparently got stuck. As she attempted to move the gate, she had the development of pain in the right shoulder. Upon examination, she was identified with normal strength, no neurologic deficit, and reasonable range of motion but limited with some discomfort. She received physical therapy and was able to respond and be released for return to work without limitation in range of motion or activity but with some continuing complaints of discomfort.

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

The above review was conducted in accordance with the ODG criteria for Texas. In the ODG for shoulder under physical therapy for what appears to be the closest diagnosis as listed in the ODG, which would be a right shoulder sprain or impingement of the right shoulder without any surgical treatment, the ODG would recommend up to ten physical therapy visits over eight weeks with supporting documentation consisting of objective measurements of patient response to the therapeutic modalities.

There was very limited objective documentation from the physical therapy perspective. Patient was able to be released to return to work without any significant limitation. The patient did have some mild reported symptoms of discomfort. There is no indication why the patient could not continue the necessary exercise and range of motion procedures in a self-directed home exercise program.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- _____ Mercy Center Consensus Conference Guidelines.

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- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)