

# Applied Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Dec/3/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

12 sessions of physical therapy for the left shoulder

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

Family Practice

**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 medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 09/18/13, 10/09/13  
Formal health record dated 11/19/13, 07/22/13, 03/20/13, 02/13/13, 02/04/13, 08/14/12, 05/14/12, 02/14/13, 11/05/13  
Radiographic report dated 07/22/13  
MRI left shoulder dated 08/19/13  
Prospective IRO review response dated 11/18/13  
Appeal letter dated 10/02/13  
Encounter summary dated 03/19/13  
Daily note dated 09/10/13, 09/25/13, 09/26/13, 09/30/13, 10/02/13, 10/03/13, 10/07/13, 10/09/13, 10/10/13, 10/15/13, 10/16/13, 10/17/13, 10/21/13  
Plan of care dated 09/10/13  
Physical therapy initial examination dated 09/10/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. The patient reports that she developed neck pain that radiates to the bilateral shoulders. MRI of the left shoulder dated 08/19/13 revealed minimal tendinosis and/or strain/contusion of the supraspinatus tendon without detectable rotator cuff tears. There is a probable tear of the posterior labrum. Physical therapy initial examination dated 09/10/13 indicates the patient continues to complain of left shoulder pain. The patient completed 6 weeks of physical therapy at another facility. The patient subsequently completed 13 additional physical therapy visits. Daily note

dated 10/21/13 indicates that the patient reports feeling well with no pain and the popping in the shoulder has gotten much better.

Initial request for 12 sessions of physical therapy was non-certified on 09/18/13 noting that the patient has completed prior physical therapy and should be well-versed in a home program. The denial was upheld on appeal dated 10/09/13 noting that additional records were not provided for review. Up to 10 physical therapy sessions over 8 weeks would be supported for a sprain/strain of the shoulder. The claimant has undergone 12 physical therapy sessions and is compliant with a home exercise program.

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

The patient completed a prior 6 week course of physical therapy at another facility, and most recently completed 13 physical therapy visits. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. 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 such, it is the opinion of the reviewer that the request for 12 sessions of physical therapy for the left shoulder is not recommended as medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**