

# Pure Resolutions LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jun/14/2013

**IRO CASE #:**

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

Continued Physical Therapy 2 X a week X 4 weeks (9 already approved)

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

PM&R; Pain Medicine

**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 05/16/13, 05/31/13  
Handwritten soap notes dated 05/15/13, 05/10/13, 05/06/13  
Office note dated 04/13/13, 05/03/13, 06/03/13  
Medical record review dated 04/29/13  
MRI right shoulder dated 04/15/13  
Functional capacity evaluation dated 05/16/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. On this date she stated the door on her bus was very hard to open and she pulled the handle forcefully causing injury to her neck and shoulder. Note dated 04/13/13 indicates that the patient has received four weeks of therapy and mild exercises. Recently, she received a subacromial injection with fair results. MRI of the right shoulder dated 04/15/13 revealed supraspinatus focal articular surface and focal bursal surface partial tears; infraspinatus tendinopathy and possible intrasubstance

partial tear; supraspinatus and infraspinatus intramuscular cysts that are often associated with rotator cuff tendon tears. Medical record review dated 04/29/13 indicates that the mechanism of injury supports a cervical strain and a right shoulder strain. Documentation supports a prior cervical spine injury with resultant fusion as well as degenerative changes to the shoulder, per MRI. Medical records do not support an aggravation or acceleration of her pre-existing conditions due to the work injuries. Per note dated 05/03/13, the patient reports that physical therapy only provided minimal temporary help. Functional capacity evaluation dated 05/16/13 indicates that current PDL is sedentary and required PDL is medium.

Initial request for continued physical therapy 2 x a week x 4 weeks (9 already approved) was non-certified on 05/16/13 noting that the patient has completed 9 physical therapy visits to date. Current evidence based 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. Per note dated 05/03/13, the patient reports only minimal improvement with physical therapy completed to date. 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. The denial was upheld on appeal dated 05/31/13 noting that clinical documentation submitted for review notes the patient completing nine physical therapy sessions to date with no significant long term benefit. The Official Disability Guidelines recommend ongoing therapy provided that the patient meets specific criteria, including objective functional improvement through the initial course of treatment. Dr. indicated this patient still had significant functional deficits with the shoulder and currently had seen an orthopedic surgeon who injected the shoulder. The most recent LC had indicated the patient is at a sedentary PDL. The previous peer-review recommended non-certification noting minimal improvement with previous physical therapy, which is also the case after my discussion with Dr.. At this time the medical records do not support deviating from guideline recommendations which indicates there should be objective functional improvement through the initial course of treatment which is not present.

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

The patient sustained injuries in xx/xx and has completed 9 physical therapy visits to date. Medical record review dated 04/29/13 indicates that the mechanism of injury supports a cervical strain and a right shoulder strain. Documentation supports a prior cervical spine injury with resultant fusion as well as degenerative changes to the shoulder, per MRI. Medical records do not support an aggravation or acceleration of her pre-existing conditions due to the work injuries. Per note dated 05/03/13, the patient reports that physical therapy only provided minimal temporary help. The Official Disability Guidelines support up to 10 visits of physical therapy for the patient's diagnoses, and there is no clear rationale provided to support exceeding ODG recommendations when physical therapy to date has been minimally effective. As such, it is the opinion of the reviewer that the request for continued physical therapy 2 x a week x 4 weeks (9 already approved) 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**