

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 779-3287
Fax: (888) 350-0169
Email: manager@p-iro.com

Date: 2/20/2018 9:34:34 AM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 2 X a week X 6 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Physical Medicine & Rehab

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: The XXXX with history of an occupational claim from XXXX. The mechanism of injury occurred when the patient was XXXX. The physical therapy recertification note from XXXX notes that the patient has completed 11 sessions of physical therapy. The patient states XXXX shoulder is stiff and sore. The patient continues to have pain with opening and closing a car door anything that XXXX has to use pressure with XXXX left arm. The patient continues with difficulty reaching overhead and is unable to lift anything above shoulder level. The patient is now able to reach back to put on XXXX ability to dress XXXX. The patient states that XXXX notices improvement but it is slow. The patient rates XXXX pain an 8–9/10 if XXXX rolls onto XXXX shoulder at night but on average is a 3–4/10. Left shoulder range of motion on flexion has improved from 95° to 97°, abduction has remained the same at 70°. Functional internal rotation reaches change from gluteals to the PSIS. External rotation has increased from 5° to 30° and internal rotation has increased from 40° to 55°. Shoulder flexion strength has increased from 3+/5-4-/5, extension remain the same at 4/5 as well as abduction 3+/5, abduction 4/5. Internal rotation increased to 3+/5-4/5. Elbow range of motion on flexion-extension remain the same.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The Official Disability Guidelines recommend 10 visits over 8 weeks. The documentation indicates that the patient has completed 11 physical therapy visits. The request exceeds guideline recommendations. There was no indication of any exceptional factors to warrant the need to exceed guideline recommendations. As such, the request for physical therapy 2 times a week for 6 weeks is not medically necessary, and the prior determination is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER

CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- 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
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder, Physical therapy