CompPartners Final Report

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: ___
Texas IRO #: ___
MDR #: M2-06-0992-01
Social Security #: ___
Treating Provider: Richard Wilson, MD
Review: Chart
State: TX
Date Completed: 4/10/06

Review Data:

- **Notification of IRO Assignment dated 3/21/06, 1 page.**
- **Receipt of Request dated 3/21/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 3/6/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Pre-authorization Report dated 2/7/06, 1/13/06, 4 pages.**
- **Subsequent Evaluation dated 1/5/06, 3 pages.**
- **Initial Evaluation dated 1/23/06, 3 pages.**
- **SOAP Note dated 3/28/06, 2/23/06, 2/16/06, 2/9/06, 2/1/06, 1/18/06, 1/12/06, 1/5/06, 11/16/05, 11/2/05, 10/27/05, 10/21/05, 10/13/05, 10/6/05, 10/5/05, 9/29/05, 9/27/05, 9/22/05, 9/20/05, 9/15/05, 9/13/05, 9/1/05, 8/18/05, 23 pages.**
- **Right Shoulder MRI dated 6/29/05, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for physical therapy (97110, 97140, 97035 and 97140), 12 sessions.

Determination: UPHELD - previously denied request for physical therapy (97110, 97140, 97035 and 97140), 12 sessions.

Rationale:

Patient's age: 54 years
Gender: Female
Date of Injury: ___
Mechanism of Injury: Sustained an injury to her right shoulder while moving a folder and X-rays.
Diagnoses: Right shoulder pain/sprain/strain/internal derangement; glenoid labral tear and tear of supraspinatus tendon.

The claimant was initially diagnosed with right shoulder sprain and impingement. Of note at that time, there were no MRI reports to justify the diagnosis of impingement syndrome. Subsequently, on June 29, 2005, a right shoulder MRI without contrast was performed, which revealed moderately severe partial undersurface tear and interstitial tear of the distal supraspinatus tendon, incorporating at least 50% of the thickness of the tendon. The rotator cuff was otherwise unremarkable; SLAP tear.

Office visit notes submitted revealed that the claimant was experiencing an achy feeling in the right shoulder, with a rated pain score on the VAS of 8/10. The requesting provider stated that the patient's pain medications were denied. The patient was referred for orthopedic consultation due to continued shoulder discomfort, but that documentation was not submitted for review. Per the physician advisor's report, the claimant had received exhaustive physical therapy without improvement. Furthermore, the patient was placed on a home exercise program and continued to work. Reviewing the subsequent evaluation of January 5, 2006, the requesting provider stated that the patient had active and passive therapy with some improvement. The claimant indicated that she felt stronger and more flexible with less intense pain that occurred less often. Objective findings revealed painful crepitus with active and passive right shoulder movement; moderate-to-severe myofascial trigger points were noted in the upper trapezius, supraspinatus, lumborum, and deltoid musculature. The clinical impression reported was glenoid labral tear and traumatic tendon injury.

With the information presented to this reviewer, it is the recommendation that physical therapy times 12 sessions be denied because:

1. According to the requesting provider's notes submitted, the claimant has had active and passive therapy with no quantitative and/or qualitative efficacy documented.
2. Per the physician advisor's reports submitted the claimant was offered surgery to the right shoulder in the November 2005, but whether or not surgery was performed is not documented in the date reviewed. This is important because additional physical therapy pending surgery is not justifiable. Postsurgical therapy may be indicated, if so an appropriate request should be made following the surgery on the recommendation of the surgeon.

Criteria/Guidelines utilized: *Clinical Orthopaedic Rehabilitation*, 2nd Edition, by S. Brent Brotzman & Kevin S. Wilk.

Current Diagnosis and Treatment in Orthopedics, 3rd Edition, By Harry B. Skinner.

Physician Reviewers Specialty: Pain Management

Physician Reviewers Qualifications: Texas Licensed M.D. and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

Your Right to Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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