DATE OF REVIEW: March 16, 2007

IRO Case #:

Description of the services in dispute:

Dates of service 1/3/07 and forward – PT:

Medical necessity of PT 4 weeks

1. Advise medical necessity of Physical Therapy 4 weeks.

A description of the qualifications for each physician or other health care provider who reviewed the decision

This reviewer is certified by the American Board of Orthopedic Surgery and is a member of the American Academy of Orthopedic Surgeons, the American Medical Association, a state Medical Society, and a state Orthopedic Association. This reviewer has authored two papers presented to the Society of Military Orthopedic Surgeons and has participated in scientific displays. This reviewer has served as a hospital Chief of Staff and has been in practice for over 25 years.

Review Outcome

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

Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Information provided to the IRO for review

FROM THE STATE OF TEXAS:

Confirmation of receipt of a request for review 2/20/07 – 1 page
Fax cover sheet from Texas Department of insurance 2/21/07 – 1 page
Request for review 2/14/07 – 4 pages
Request for review by an IRO 2/13/07 – 3 pages

Letter from 1/4/07 – 3 pages
Letter from 1/26/07 – 3 pages
Letter from 2/8/07 – 3 pages
Notice of case assignment 2/21/07 – 1 page

FROM THE REQUESTOR:

Letter from Texas Department of Insurance 2/21/07 – 1 page
Employer's first report of injury or illness – 1 page
Call log from – 2 pages
Work status report 8/11/06 – 1 page
History and physical 8/16/06 – 3 pages
Physician note of release for return to work 8/16/06 – 1 page
MRI left shoulder report 9/5/06 – 1 page
MRI results 9/11/06 – 2 pages
Surgery treatment plan 10/20/06 – 2 pages
Prescription fro exercise pulley set 11/7/06 – 1 page
PT progress report 10/31/06 – 1 page
Doctor's notes 11/22/06 – 2 pages
PT progress report 11/30/06 – 2 pages
PT progress report 12/12/06 – 1 page
PT progress report (undated) – 1 page
Doctor's notes 1/10/07 – 1 page

Patient clinical history [summary]

This patient is a female who fell at work on injuring her left shoulder. She was seen by Dr. on 8/16/06; he diagnosed her as a fracture of the greater tuberosity of the humerus. She was allowed to return to limited work on 8/16/06. She had a MRI of the shoulder on 9/05/06, which showed a rotator cuff tear and arthritis of the acromioclavicular joint. She had an arthroscopic rotator cuff repair on 10/21/06. She began physical therapy on 10/31/06 and after 23 sessions, her passive range of motion was flexion 145 degrees and external rotation 45 degrees. On 12/08/06 flexion was 140 degrees and external rotation 45 degrees. According to the note of 12/28/06, she was compliant in a home exercise program (HEP). Further physical therapy (PT) was requested, but was denied stating that ODG guidelines recommend 24 visits after rotator cuff surgery. Reviews by Dr. and Dr. confirmed this. The provider has appealed.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

After rotator cuff surgery, rehabilitation is necessary to regain motion and strength. Initially passive

exercises are done for 6 weeks to allow tendon healing. This is followed by stretching and strengthening, which can extend over 24 weeks. The request for additional PT is upheld, as exercises can be done in a home program, as well as with formal physical therapy. In this case, the patient has had 23 sessions and there has been little change in passive motion between 12/08/06 and 12/28/06. The patient has returned to sedentary work, which is her regular vocation. When more physical therapy was requested, it was denied since it was more than the policy limits. There has been an appeal, which was denied by the insurance company. A request for an independent review was made so the case was sent for review asking the above question.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Milliman guidelines used.

Milliman guidelines ACG: A-0369(AC)

Millet, Peter. Rehabilitation of the Rotator Cuff: An Evaluation-Based Approach. Journal of the American Academy of Orthopedic Surgeons 2006;14: 1599-609

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