

DATE OF REVIEW:

04/13/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Physical Therapy (PT) to the right shoulder due to rotator cuff surgery for two visits per week for four weeks.

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

Board Certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

Upheld (Agree)

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.

Physical Therapy to the right shoulder due to rotator cuff surgery for two visits per week for four weeks is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 04/02/07
- MCMC: Referral dated 04/02/07
- Utilization: Letter dated 04/03/07 from Insurance
- DWC: Notice to MCMC, LLC of Case Assignment dated 04/02/07 from
- DWC: Letter dated 04/02/07 from
- DWC: Confirmation of Receipt of a Request For a Review dated 03/23/07
- Letters dated 03/22/07, 03/08/07 from Utilization Review Nurse
- LHL009: Request For a Review By An Independent Review Organization dated 03/12/07
- Preauthorization Request Sheet dated 03/06/07
- Referral dated 03/02/07
- Encounter notes dated 01/19/07 through 03/02/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male with a large rotator cuff tear who underwent surgery and was started on physical therapy. The injured individual did make some progress in some objective parameters but leveled off as of 02/23/2007. The physician as of this time requested additional therapy after 02/28/2007.

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

The basic problem is that the injured individual has exhausted physical therapy of the right shoulder with a large rotator cuff tear that received surgery. There are two basis guidelines for normal time of completion of a post surgical rotator cuff tear rehabilitation. The first is for a small tear post surgery. The normal time to complete the rehabilitation is about four to six weeks or twelve to eighteen physical therapy treatments. The second is for a patient with a large rotator cuff tear that has received surgery. The normal time to complete the rehabilitation for this is six to twelve weeks of therapy or eighteen to thirty six physical therapy sessions.

In order to follow the recovery phase of the case, a series of objective goals need to be documented on a consistent manner. This includes range of motion (ROM), strength, and standard function of the shoulder. Other parameters could be endurance. Symptomatic complaints are not objective and have a minor role to play in recording improvement.

A home exercise program must be in place and records as to improvement later in the course of the medical care are monitored.

In this case the injured individual does have a large rotator cuff tear and repair and as such falls into the six to twelve weeks of physical therapy. However the notation by the therapist do not give a consistent measure of objective data to follow. What can be noted is that the injured individual has seen improvement in flexion with abduction, which has leveled off at 120 degrees of flexion and 80 degrees of abduction on 02/23/2007. External rotation has remained the same at 20 degree as of 02/21/2007. Other parameters of range of motion are either not recorded or followed in a sequential manner. The strength of the shoulder has remained the same since the beginning of treatment at 2+/5. There is no notation of home exercise approaches and objective data on a home exercise program. The last treatment on the injured individual was done on 02/28/2007 and has recorded the same values as the 02/23/2007 visit. As such the objective need for extension for physical therapy has not been provided.

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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

Wilk KE, Crockett HC, ; Rehabilitation after rotator Cuff Surgery . Tech Shoulder Elbow Surg. 2000; 1(2): 128-144, 2000

Sean Grey M.D. Fellow at the University of Colorado Health Sciences Center, 1997-98 "Rotator Cuff Tears" page 1-3 Orthopedic Center of the Rockies Ask the Doctor April 1999.

Mandelbaum B " Rotator Cuff repair and Rehabilitation. In Maxey L, Magnusson J eds. Rehabilitation for the Post Surgical Orthopedic Patient. St. Louis, Mosby 2001. 2 Highway, Richmond BC , Vancouver British Columbia



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**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE A DESCRIPTION)**

Joe Godges DPT, MA, OCS “ Rotator cuff Repair and Rehabilitation – General Guidelines, Loma Linda University and University of Pacific Doctorate in Physical therapy Programs.

Rotator Cuff repair – Post –Op Rehabilitation Guidelines- Workers Compensation Board , 6971 Westminister, Richmond , British Columbia