



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: August 8, 2007

IRO Case #

Description of the services in dispute:

Physical therapy procedures #97035, #97113, #97112, #97110, #97530, #97140, #97014, #97124, and #97535.

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

This reviewer is Board certified in Physical Medicine & Rehabilitation (1979). The physician providing this review is a Diplomate, American Academy of Physical Medicine and Rehabilitation; and Diplomate, American Board of Electrodiagnostic Medicine. This reviewer is a member of the American Spinal Injury Association, American Academy of Physical Medicine and Rehabilitation, State Academy of Physical Medicine and Rehabilitation, and State Medical Society. This reviewer has held various academic positions, is currently an Adjunct Associate Professor, and has authored numerous publications. The reviewer has additional training in Acupuncture. This reviewer is licensed to practice in four states and has been in practice since 1978.

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.

Medical necessity does not exist for the physical therapy procedures #97035, #97113, #97112, #97110, #97530, #97140, #97014, #97124, and #97535.

Information provided to the IRO for review

Records Received From the State:

Notice to Medical Review Institute of America Inc, of case assignment, 7/23/07

Confirmation of receipt of a request for a review by an independent review organization, 7/20/07

Request for a review by an independent review organization, 7/6/07

Review by DO, 7/5/07

Notification of determination, 6/27/07

Records Received:

precert request, 6/22/07

Orthopedic outpatient treatment referral, 5/25/07

Re-evaluation/re-examination note, 6/22/07

precert request, 7/2/07

Orthopedic outpatient treatment referral, 5/25/07

Office note, 5/25/07

Office note, 4/13/07

Office note, 3/1/07

Office note, 2/7/07

MRI final report, 2/15/07

Re-evaluation/Re-examination note, 6/22/07

Patient clinical history [summary]

This patient is a female who was injured. She injured her upper arm while lifting and turning a patient. The patient has continued to have left shoulder pain. She has had 12 physical therapy sessions. An MRI (magnetic resonance imaging) study was done, and was suggestive of a small tear of the supraspinatus tendon. The patient continues to have pain, restricted range, and decreased strength across the shoulder. There has been a request for eight additional physical therapy sessions, and coverage has been denied based on ODG guidelines. The decision is being appealed.

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

Documentation indicates that this patient had a shoulder injury. The patient has some changes on the MRI, indicating a small tear of the supraspinatus tendon and increased signal intensity at the inferior glenoid labrum suggesting the possibility of a labrum tear. The patient has had 12 therapy sessions, and as of the last therapy notes included of June 22, 2007, the patient was still having significant pain of 9/10 with activity. She still had limited range of motion with only mild improvement with flexion and abduction as compared to the initial evaluation level, and a decrease in range in internal rotation. As this is now nine months post injury, it is not likely that an additional few sessions of physical therapy will make a significant difference. Also as noted in the prior reviews that ODG guidelines allow up to 10 sessions, and the patient has already had 12 sessions of therapy.

In regards to the specific modalities being requested:

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#97035: There is no medical necessity for this. ODG guidelines indicate that efficacy has not been demonstrated, as noted in the prior review. At nine months post onset, there is no literature support for additional use ultrasound to help improve outcome.

#97113: There is no medical necessity for this, as this patient has a shoulder problem which requires range of motion and stretch as well as strengthening. There is no literature support and no standard treatment support for the use of aquatic therapy for a shoulder problem.

#97112: There is no medical necessity for this. The patient does not have a neuromuscular deficit requiring reeducation.

#97110: This may be appropriate, however, the patient at this point should be capable of doing the exercises independently. Also, since it seems that there has been little progress made with therapy to date, the continuation of this type of therapy at this point in time will not likely change the overall situation.

#97530: There is no medical necessity for this, as the patient can do these activities independently.

#97140: There is no medical necessity for this. As noted in the prior reviews this is not supported by guidelines except possibly for a limited number of sessions in the acute phase.

#97124: There is no medical necessity for this for the same reason as #97140, above.

#97014: There is no medical necessity for this. It is not supported by guidelines or by the peer-reviewed medical literature when used as a therapy modality for this type of problem.

#97535: There is no medical necessity for this. The patient has a painful restricted shoulder and any limitation in function is specifically related to the shoulder problem. A self-care functional evaluation will not add any new significant or clinically pertinent information.

In summary, this patient has a chronic shoulder problem that has not significantly improved with 12 therapy sessions. She continues to have severe pain with activities. The patient has had an injection which does not appear to have made any significant difference. There is no indication that any additional therapy at this point in time will be of any therapeutic benefit. In addition, there are numerous modalities being requested that are not appropriate or medically necessary for this type of problem.

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

Clinical review

ODG guidelines at <http://www.odg-twc.com/odgtwc/shoulder.htm#ProcedureSummary>