



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

DATE OF REVIEW: December 4, 2007

IRO Case #:

Description of the services in dispute:

Shoulder PT 3 X 4, #97110, #97140, #97112, #97010, #97014, and #97035.

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

The physician who provided this review is board certified by the American Board of Physical Medicine and Rehabilitation. This reviewer has been in active practice since 2005.

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.

The requested Physical Therapy (#97110, #97140, #97112, #97010, #97014 and #97035) is not medically necessary.

Information provided to the IRO for review:

Records from the State:

Confirmation of receipt of a request for an IRO 11/16/07 5 pages

Request for an IRO 11/15/07 3 pages

Denial letter 10/12/07 4 pages

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Denial letter 11/2/07 4 pages

Records from:

Denial letter 10/12/07 5 pages

Denial letter 11/2/07 5 pages

Chart notes 7/26/07, 8/26/07, 8/16/07, 9/7/07, 9/10/07, 9/18/07, 10/2/07, 10/22/07 8 pages

Records from, PT:

Request for information 11/16/07 2 pages

Orthopedic evaluation 10/2/07 1 page

PT evaluation 10/8/07 3 pages

List of medications 1 page

List of medical conditions and surgeries 1 page

Medical history 10/8/07 2 pages

PT progress note 10/8/07 5 pages

Chart notes 7/26/07, 8/6/07, 8/16/07, 9/6/07, 9/7/07, 9/10/07, 9/18/07, 10/2/07 8 pages

PT note 10/11/07 2 pages

Patient clinical history [summary]

The patient is a female who sustained an injury to her left wrist on xx/xx/xx. On this date the patient is reported to have sustained a fall which resulted in a distal radius fracture. The patient was later diagnosed with a shoulder strain and a shoulder contusion. X-rays report a stress fracture of the humeral head. The patient is under the care of Dr. who treated the patient conservatively. Records indicate that the patient was placed in a long arm cast and subsequently transitioned to a short arm cast on 09/06/07. The patient eventually had this cast removed and was placed in a removable thumb spica. Records indicate that the patient has undergone intra-articular injections into the left shoulder and the patient was referred for physical therapy. Therapist notes indicate that the patient's shoulder therapy was denied and that the patient's treatment was largely for the wrist injury. Physical therapy records indicate improvement with physical therapy. The record includes an MRI of the shoulder which was performed on 08/24/07. This study reports mild supraspinatus and biceps tendinosis with moderate degenerative changes of the AC joint. Serial radiographs of the wrist show mild degenerative changes at the proximal radioulnar joint and that there is osteopenia. It is reported that there is a subtle nondisplaced fracture of the radial styloid with no gross interval change from a previous study. The patient's initial physical therapy evaluation is dated 10/08/07. This appears to have been for the shoulder. The records included do not provide any follow up data regarding the patient's progress within her physical therapy program.

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This case was previously reviewed by Dr. who finds that additional physical therapy is not medically necessary. Dr. conducted a peer to peer with Dr. who reported that he saw the worker on 10/02 and requested occupational therapy for the wrist and not additional PT for the shoulder. As a result Dr. recommends against additional physical therapy. A second review was performed on 11/02/07. The reviewing physician, Dr., reports that the patient has exceeded current evidence based guidelines for a sprain/strain of the shoulder and opines that the request is not medically necessary.

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

Given the information contained in the clinical record as well as the information provided from the two previous reviewers, additional physical therapy is not medically necessary. There is agreement with the two previous reviewers. Dr., the initial reviewer, reports peer to peer contact with Dr. which indicates that Dr. did not request additional physical therapy for the shoulder and that he was requesting additional physical therapy for the wrist. Provided this information, there would be no need for additional physical therapy for the shoulder which is the item in dispute. It is further noted that the available record does not provide any documentation regarding the patient's previous treatment by the physical therapist and how much progress was made. The patient's initial evaluation is contained in the record but subsequent follow up reports are not provided.

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

1. The Official Disability Guidelines, 11th edition, The Work Loss Data Institute.

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