

P&S Network, Inc.

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DATE OF REVIEW: 07/13/2007

IRO CASE #:

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

This case was reviewed by a Pain Management. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: PHYSICAL THERAPY

REVIEW OUTCOME:

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

PARTIALLY OVERTURNED(disagreed) to allow three of 12 physical therapy visits

REVIEW OF RECORDS:

- o Submitted medical records were reviewed in their entirety. Approximately 66 pages of medical records were submitted for review.
- o April 20, 2007 adverse determination letter from
- o April 27, 2007 adverse determination letter from M.D.
- o September 6, 2006, February 26, 2007, June 4, 2007, July 2, 2007 work status reports from Surgery Group
- o May 21, 2007 letter from Surgery Group
- o January 30, 2007 through April 13, 2007 physical therapy progress notes by, P.T.
- o January 24, 2007 operative report from Specialty Hospital
- o January 22, 2007 history and physical report from Specialty Hospital
- o October 31, 2006 electrodiagnostic report from Surgery Group
- o January 16, 2007 chest x-ray report by M.D.
- o January 24, 2007 anesthesia records from Specialty Hospital
- o August 31, 2006 through September 29, 2006 physical therapy progress notes by PT
- o October 12, 2006, October 16, 2006, November 13, 2006 reports by M.D.
- o September 28, 2006 left shoulder MRI report by M.D.

CLINICAL HISTORY SUMMARY: The patient is a female who sustained an industrial injury. She underwent an arthroscopic left shoulder rotator cuff repair on January 24, 2007 and has undergone post-operative physical therapy. An April 20, 2007 adverse determination letter states that the request for physical therapy is non-authorized because the patient has already had extensive therapy, the plan of care for therapy still includes passive modalities and is not explained, and the patient has not been provided a home program with no explanation as to the reason. An April 27, 2007 utilization review report states that the request for physical therapy is non-authorized because the patient has no current FCE or Cybex evaluation provided for review, no operative report for review, and the request continues to include passive modalities.

A March 26, 2007 report states that the patient is doing well and was currently doing therapy. The therapy notes reportedly stated that she has left shoulder passive range of motion at 110° of abduction, 162° of flexion, 40° internal rotation, and 30° of external rotation. Active range of motion was listed as 95° abduction, 80° flexion, and 20° internal and external rotation.

As of April 13, 2007, physical therapy progress notes indicate that the patient had attended 24 visits to date. An April 30, 2007

work status report indicates that the patient was to return to work as of March 26, 2007 with restrictions.

A May 7, 2007 report states that the patient has great range of motion, but she is still having pain because she has not been able to go to therapy for the last month. Her therapy had been denied and the report notes that she is missing the most important part of the therapy. She was supposed to begin strengthening at that time.

A June 4, 2007 report states that the patient complains of left shoulder pain following the surgery, however, she has been doing very well. She demonstrates good range of motion upon examination with continued pain and a significant amount of weakness, approximately 3-4/5 strength. She was maintained on light duty.

ANALYSIS AND EXPLANATION OF DECISION: As noted above, the patient had had 24 visits as of her physical therapy session on April 13, 2007. The medical records repeatedly state that the patient has done well postoperatively and the patient was released to modified duties as early as March 2007. The May 7, 2007 report states that the patient was about to begin strengthening when her therapy visits were denied by the carrier. The records reflect that the patient has obtained functional objective improvement through her course of post-operative physical therapy. As noted in the medical references, the Official Disability Guidelines recommend 24 post-surgical visits following arthroscopic surgery for rotator cuff syndrome and impingement syndrome. She has met this recommendation and can now be transitioned to an independent home exercise program. However, a few additional physical therapy visits are reasonable to ensure that the patient has been properly instructed in the strengthening portion of a home exercise regimen. Three additional visits should suffice for this purpose.

The IRO's decision is consistent with the following guidelines:

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

ODG Physical Therapy Guidelines:

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Adhesive capsulitis:

16 visits over 8 weeks

Rotator cuff syndrome/Impingement syndrome:

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment, arthroscopic: 24 visits over 14 weeks

Post-surgical treatment, open: 30 visits over 18 weeks