



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

DATE OF REVIEW: May 9, 2007

IRO Case #:

Description of the services in dispute:

Physical Therapy (4/9/07 to 5/11/07).

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, Physical Medicine and Rehabilitation; and Diplomate, Electrodiagnostic Medicine. This reviewer is a member of the Association, Physical Medicine and Rehabilitation, Physical Medicine and Rehabilitation, and Medical. 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:

Partially Upheld

Four additional sessions of therapy over the period in review would be appropriate and medically necessary. The therapy sessions would be specifically to review and advance the home exercise program. There would be no medical necessity for any passive modality such as ultrasound or electrical stimulation.

Information provided to the IRO for review

RECORDS RECEIVED FROM THE STATE:

Request for IRO and associated documents 4/12/07, 8 pages

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Notification of determination dated 3/28/07, 3 pages

Reconsideration response letter 4/12/07, 4 pages

RECORDS RECEIVED FROM THE PROVIDER:

PT evaluation 2/27/07, 2 pages

PT treatment notes; 3/1/07, 3/6, 3/8, 3/13, 3/16, 3/20, 3/22, 16 pages

PT progress report 3/13/07, 1 page

RECORDS RECEIVED FROM THE URA:

PT prescription, 1 page

Operative note 12/5/06, 1 page

Office note 1/22/07, 1 page

PT progress report 2/8/07, 1 page

Patient clinical history [summary]

The patient is a male with history of a right humerus mid shaft fracture and subsequent ORIF. The patient was started in therapy. The first series of sessions (12) consisted of passive range. The patient had a total of 20 sessions. Progress has been slow. There was little improvement noted through 3/13/07. The therapy notes indicate that there is a non union and the patient may require a bone stimulator. The note of 3/22 indicates passive flexion of 152 degrees and active of 66 degrees. Passive external rotation is 76 degrees and internal is 41 degrees. In comparison, on 2/27 the numbers were 119/48, 71, and 21 degrees. On 3/13 the numbers were 119/48, 56, and 8 degrees. This indicates very slow progress and no indication of abduction level as of 3/13 (no change between 2/27 and 3/13), strength level or if there has been any functional improvement. The patient has been instructed in a home exercise program and has been supplied with theraband.

The request for additional 12 therapy sessions has been denied as the patient is beyond ODG guidelines for number of sessions. There is a request for a review.

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

This patient had a mid shaft humerus fracture with an ORIF. Therapy was initiated and that there were apparently 12 therapy sessions over the next six weeks. There is no documentation included of these sessions, and it appears that the sessions most likely consisted of passive range of motion activities. As of 2/27/07, the first documented note, the patient's passive lateral abduction was 45° which is quite restricted. It therefore appears that the patient developed an adhesive capsulitis due

to the post surgical immobilization. There is no indication of any attempt at medical intervention with an injection to accelerate the recovery as suggested in the literature.

The last included note is from 3/22/07. There is no indication of a muscle strength level across the shoulder. However the note does indicate that the patient has been instructed in the exercises and has therabands of different resistance at home with which to exercise.

The literature indicates that continuing therapy does not significantly improve the long-term outcome for this problem. However, as the patient was still moderately restricted in range, some supervision of the home program would be appropriate. Although the patient already had 20 therapy sessions, it appears that little was accomplished during the initial 12 sessions and that there may have been over utilization during this initial six-week phase of therapy. At this point (3/22/07), the patient would likely still benefit from additional few sessions to monitor and advance the patient's home program.

Therefore, four additional sessions of therapy over the period in review would be appropriate and medically necessary. The therapy sessions would be specifically to review and advance the home exercise program. There would be no medical necessity for any passive modality such as ultrasound or electrical stimulation.

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

Clinical review
MEDLINE search
ODG guidelines

A randomized controlled trial of intra-articular triamcinolone and/or physiotherapy in shoulder capsulitis. *Rheumatology* 2005;44(4): 529-35

Intraarticular corticosteroids, supervised physiotherapy, or a combination of the two in the treatment of adhesive capsulitis of the shoulder: a placebo-controlled trial. *Arthritis and Rheumatism* 2003;48(3): 829-38.

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