

MATUTECH, INC.

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DATE OF REVIEW: MAY 1, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 2 times per week for 6 weeks.

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

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of. The reviewer has been in active practice for twenty-three years.

REVIEW OUTCOME

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

X Partially Overturned (Agree in part/Disagree in part)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Office notes (10/04/06 - 03/06/07)
Radiodiagnostics (10/04/06 - 10/30/06)
Utilization reviews (03/13/07 - 03/21/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who was holding a pipe in his left arm and anchoring it with power tools with his right. Later, he was working with a heavy saw when he felt pain in his left shoulder and right elbow. The incident occurred.

In noted that following the injury, the patient took over-the-counter (OTC) medications but the pain remained at 10/10. The patient had a history of a thoracic herniated disc. Examination showed tenderness over the left posterior deltoid and triceps, a positive impingement sign, and tenderness over the right lateral epicondyle at the elbow. X-rays of the left shoulder and right elbow revealed minimal arthritic changes. assessed left rotator cuff syndrome, right

elbow sprain and lateral epicondylitis; and prescribed Relafen, Ultram, and Vicodin. The patient did not attend the recommended physical therapy (PT).

Magnetic resonance imaging (MRI) of the left shoulder revealed a full-thickness supraspinatus tendon rotator cuff tear with underlying tendinosis and narrowed rotator cuff outlet. There was evidence of subacromial/subdeltoid bursitis. added Flexeril and referred the patient to an orthopedic surgeon.

Per PT progress report from January 2007, the patient was status post left rotator cuff repair somewhere in December and had developed adhesive capsulitis. Therapy was initiated with active rehabilitation. The patient was feeling better but the evaluator felt that he had not met long-term treatment goals. Dr. felt that the patient had developed a frozen shoulder. He prescribed Motrin, Prevacid, Vicodin, Soma, and a topical gel. M.D., an orthopedic surgeon, felt that additional PT for adhesive capsulitis was necessary. Through March, the patient attended 12 sessions of postoperative PT.

On M.D., performed a utilization review and opined that additional PT two times a week for 6 weeks for the left shoulder was not medically necessary as per the ODG Guidelines.

On March 21, 2007, M.D., performed a reconsideration/appeal review and upheld the adverse determination.

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

Given the patient has undergone rotator cuff repair, has developed adhesive capsulitis and shown improvement with physical therapy additional sessions are justified. Records indicate he has completed twelve sessions and evidence based guidelines recommend up to sixteen. It is my opinion, that additional is reasonable up to six more sessions completed over three weeks.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

- PHYSICAL THERAPY AND ASSOCIATES EVIDENCED BASED GUIDELINES**