Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 5/2/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. 97110, 97560/PT 3x4 weeks

QULIFICATIONS OF THE REVIEWER:

This reviewer received his medical doctorate from the University. He did his internship and residency in the field of Orthopaedics at University. This physician did a fellowship at Northwestern in the Department of Orthopaedics, Sports Medicine. He has been board certified in Orthopaedics since 2001. This reviewer has written numerous research articles and publications. He is affiliated with the Academy of Orthopaedic Surgeons, Orthopaedic Society for Sports Medicine, Arthroscopy Association and the Medical Association.

REVIEW OUTCOME:

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

Upheld (Agree)

X Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

1. 97110, 97560/PT 3x4 weeks Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. IRO Request form dated 4/10/2007
2. Letter of appeal by MD, dated 3/15/2007
3. Request for a review dated 4/10/2007
4. Clinical note dated 4/10/2007
5. Clinical note by RN UR, dated 3/15/2007 to 3/23/2007 multiple dated
6. Reviews of case assignment by, dated 5/1/2007
7. Review agent of assignment by dated 04/11/2007
8. Transmission verification report dated 04/10/2007
9. IRO request form dated 04/10/2007
10. Clinical note by MD, dated 03/15/2007
11. Form by typing or printing the information dated 04/10/2007
12. Clinical note by RN, dated 03/15/2007
13. Facsimile transmittal sheet dated 03/12/2007
14. Physical therapy progress note dated 02/05/2007 to 03/09/2007 multiple dated
15. Clinical note dated 03/08/2007
16. Prescription note dated 02/02/2007
17. Clinical note by RN, dated 03/23/2007
18. Facsimile transmittal sheet dated 03/20/2007
19. Physical therapy progress note dated 02/05/2007 to 03/15/2007 multiple dated
20. Clinical note dated 02/05/2007
21. Clinical note dated 02/27/2007
22. Clinical note dated 03/20/2007
23. Physical therapy evaluation and plan of care dated 02/07/2007
24. Re-evaluation dated 03/01/2007
25. Progress report dated 02/19/2007
26. Independent review oranization dated 04/11/2007.
27. Office note by MD dated 02/26/2007.
28. Letter of appeal by MD dated 03/15/2007.

29. Clinical note by MD dated 01/25/2007.
30. Clinical note by MD dated 01/25/2007.
31. Progress note multiple dates 03/06/2007 to 03/15/2007.
32. Progress note multiple dates 02/20/2007 to 03/03/2007.
33. Progress note multiple dates 02/05/2007 to 02/19/2007.
34. Re-evaluation dated 03/01/2007.
35. Progress report dated 02/19/2007.
36. Clinical note dated 02/05/2007.
37. Clinical note dated 02/27/2007.
38. Physical therapy evaluation and plan of care dated 02/07/2007.
39. Independent review oranization by dated 04/11/2007.

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This male sustained a shoulder dislocation. He received physical therapy treatment for his shoulder. His treating provider stated that the therapy has greatly improved the patient's condition. The patient sustained an aggravation of his symptoms following a recent injury to his right ankle. He has been utilizing crutches to ambulate and his right shoulder is now under additional stress due to the use of the crutches. He has been prescribed pain medication. It is the physician's opinion that the patient's right shoulder would greatly benefit from additional physical therapy visits to improve his right shoulder pain. At this time the medical necessity of additional physical therapy services to the right shoulder is under review.

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

The patient sustained a shoulder dislocation and has MRI evidence of a labral tear (Bankart lesion), bony deformity of the humeral head (Hill Sachs lesion), and rotator cuff tear. His symptoms were improving with physical therapy, however, his recovery was complicated by another fall which caused an ankle fracture and required him to use crutches, which increased the amount of stress across his injured shoulder.

For patient's this age, rehabilitation is the cornerstone in the management of shoulder instability. The emphasis of the rehabilitation program is on regaining safe and protected full-range motion. In addition, strengthening of the rotator cuff is essential to restore and increase the dynamic stabilization of the joint, as is strengthening of the scapular stabilizing muscles to position the glenoid toward the humeral head.

Given the patient's previous clinical improvement following physical therapy, it is medically reasonable to authorize the requested 3X4 therapy sessions to optimize the patient's shoulder function. These additional 12 sessions of physical therapy may improve his function enough to help avoid shoulder surgery, as the incidence of recurrent shoulder instability decreases with age. In addition, 12 additional sessions will help to optimize his ROM and strength. Therefore I recommend that the previous decision to deny the 12 additional sessions of physical therapy be overturned.

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 KNOWLEDGEBASE
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
X 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
X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

DeLee: DeLee and Drez's Orthopaedic Sports Medicine, 2nd ed., Copyright © 2003 Saunders

AMR Tracking Num: