



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

DATE OF REVIEW: November 20, 2007

IRO Case #:

Description of the services in dispute:

Physical therapy three times a week for 2 weeks with modalities (CPT codes #97035, #97039, and #97110).

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.

The available medical record does not support the need for additional physical therapy 3 x week for 2 weeks. At present, there would be no indication for 6 additional sessions of physical therapy. Current evidence based guidelines would have only supported 24 visits for both the shoulder and elbow. The patient would benefit from a daily self-directed home exercise program.

Information provided to the IRO for review

RECORDS RECEIVED FROM THE STATE:

Notice of Assignment dated 11/1/07, 10 pages

Letter from dated 8/24/07, 9/14/07, 9 pages

RECORDS RECEIVED FROM:

Confirmation of IRO dated 10/23/07, 2 pages

Independent examinations, Dr. dated 11/14/07, 4 pages

Report of medical evaluation dated 07/21/06

Review of medical history and physical exam, 7/21/06, 5 pages

RECORDS RECEIVED FROM REHAB:

Independent examinations, Dr. dated 10/23/07, 3 pages

Medical records, D.C., 9 pages

Medical records Dr. 9 pages

Letter from dated 9/13/07, 8/24/07, 6 pages

Medical records Dr. , 1 page

Patient clinical history [summary]

The patient is a xx year old female who is reported to have sustained work related injuries on xx/xx/xx. On this date she slipped outside a bus and tried to grab with her right arm to stop from falling. She had a pulling injury to the right shoulder and then fell to the ground coming down on her elbow and shoulder again. Since that time the patient is reported to have shoulder and neck pain. The patient subsequently came under the care of Dr. on 01/12/06. At this time the patient reports that she has been in physical therapy and she had initially gone to an ER and has had x-rays of the shoulder and elbow which were negative for fracture. She subsequently had MRI scan of the cervical spine and shoulder. On physical exam the patient is noted to be 5'7" and weighs 278 pounds. Exam of the neck shows nearly normal range of motion. There is no tenderness at that level. Examination of the right shoulder the patient has some tenderness in the anterior subacromial space. She is also tender over the AC joint. Forward elevation is 130 degrees, abduction is 120, internal rotation is to T10 on the right and T8 on the left. She has full extension of the shoulder at 40 degrees. She complains of pain anteriorly with maneuver. She has no instability. She has negative apprehension sign. She has a mildly positive Speed's sign. Strength about the shoulder is 5/5 in all planes. Stress testing of the rotator cuff does not produce symptoms and external rotation produces some mild anterior shoulder pain. There is minimal tenderness over the lateral epicondyle on the right side. Resisted flexion and extension of the wrist does not produce any elbow symptoms. The patient is diagnosed with a cervical strain and a sprain of the right shoulder involving the biceps tendon with biceps tendonitis. The patient was given a corticosteroid injection. MRI scan was subsequently performed on 01/03/06. This study shows rotator cuff to be intact. There is some hypertrophic DJD of the AC joint identified with potential impingement. There is some tendinopathy of the distal supraspinatus tendon but no evidence of a full thickness tear. There is some increased fluid in the biceps sheath and evidence of some tearing at the origin of the biceps tendon along with a superior labral tear. At this time she is reported to be status post surgery on 02/24/06. She is reported to have undergone a subacromial decompression, limited synovectomy and distal clavicle excision. The patient was later evaluated by Dr., a designated doctor, on 07/21/06. Dr. finds the patient to be at clinical maximum medical improvement and assesses an 11% whole person impairment. Her upper extremity examination was remarkable for atrophy of the musculature of the upper arm and forearm. Her abductor muscle of the shoulder was reported to be 4+/5. On 08/31/06 the patient is reporting complaints of tenderness over the lateral epicondyle of the elbow.

The patient was seen by Dr. on 11/14/06. Dr. notes that the patient has no complaints of elbow pain at the time of injury. The patient has previously completed physical therapy. Range of motion

of the right shoulder is 175 degrees flexion, 50 degrees extension, 170 degrees abduction, 40 degrees adduction, external and internal rotation are symmetric. Dr. opines that the lateral epicondylitis is a repetitive use phenomenon which would not be related to the specific injury noting the patient's history of gradual onset of right elbow pain. He further notes that further chiropractic care would not be reasonable and necessary. The additional records indicate that the patient was recommended to undergo continued conservative care. Additional information contained in the chart indicates that the patient has undergone 24 preoperative physical therapy visits and 24 postoperative physical therapy visits.

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

The available medical record does not support the need for additional physical therapy 3 x week for 2 weeks. The patient is status post a right shoulder arthroscopy and has had 24 postoperative visits. She subsequently has reported elbow pain which appears to be unrelated to her compensable event. At present, there would be no indication for 6 additional sessions of physical therapy. Current evidence based guidelines would have only supported 24 visits for both the shoulder and elbow. The patient has clearly exceeded the current evidence based recommendations and the record does not support the medical necessity for 6 additional sessions. The patient would benefit from a daily self-directed home exercise program.

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.
2. The American College of Occupational and Environmental Medicine Guidelines. Chapters 9 and 10.

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