

Notice of Independent Review Decision

DATE OF REVIEW:

09/10/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Postoperative physical therapy (PT) for right shoulder.

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

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

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.

The request for additional postoperative physical therapy for right shoulder (three times per week for four weeks) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 08/29/07
- MCMC Referral dated 08/29/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 08/28/07
- DWC: Notice To Utilization Review Agent of Assignment dated 08/28/07
- DWC: Confirmation of Receipt of a Request For a Review dated 08/14/07
- LHL009: Request For a Review By An Independent Review Organization dated 08/10/07
Letter dated 08/09/07 from, M.D.
- Orthopedics: Letter dated 08/03/07 from, M.D.
- Notification of Determination dated 08/02/07 from, M.D.
- M.D.: Office notes dated 07/26/07, 07/05/07, 06/14/07
- Sports Medicine Clinic: Progress Re-Evaluations dated 07/25/07, 07/09/07, 06/07/07, 05/18/07
from M.P.T.
- Sports Medicine Clinic: Physical Therapy Extension requests with last PT visit dates of 07/25/07,
06/18/07
- Orthopedics: Referral forms dated 06/??/07, 04/18/07 and one with date not visible
- Orthopedics: Physical Therapy referral with Start Date of 05/08/07
- Medicine Clinic: Initial Evaluation and Plan of Care dated 04/27/07 from, M.P.T.
- Joint Hospital: Operative Report dated 04/25/07 from M.D.
- Medicine Clinic: Pre-Authorization Request dated 04/16/07

- Orthopedics: Chart notes dated 03/08/07 through 07/26/07 from, M.D.
- Medical Center: MRI extremity upper joint/MRI right shoulder dated 02/16/07, shoulder arthrogram dated 02/16/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who was reported to have sustained a work-related injury. There is no information regarding treatment until the injured individual is seen by M.D. of Orthopedics on 03/08/07. Dr. reports that the mechanism of injury was beating on molds that make pipe when he reported shoulder pain. He related that the injured individual had undergone a trial of conservative management to include PT and injection. X-rays revealed degenerative changes of the acromioclavicular (A-C) joint with osteolysis and spurring of the anterior aspect of the acromion. MRI performed on 02/16/07 documented A-C joint arthrosis with evidence of subacromial impingement as a result of a subacromial osteophyte. There was no evidence of rotator cuff tear. Dr.'s diagnoses were A-C joint arthrosis with shoulder impingement syndrome. He noted that the injured individual had not responded to an injection on 04/11/07. This is a poor prognostic sign. The injured individual underwent shoulder arthroscopy with repair of a type- 2 SLAP lesion, subacromial decompression and distal clavicle resection on 04/25/07. Mr. then began an outpatient rehabilitation program. He has undergone at least twenty-seven sessions of supervised PT. The therapist noted on 06/07/07 concern that the injured individual was not being compliant with a home exercise program in between sessions. Dr. voiced concern on 07/05/07 that the injured individual may be developing adhesive capsulitis. He started the injured individual on Lyrica and injected the shoulder with an anesthetic/steroid solution. Range of motion on 07/26/07 is 150 degrees of forward elevation and at 90 degrees of abduction: external rotation 90 degrees and internal rotation 50 degrees. Dr. authors a letter on 08/03/07 in response to the denial of further physical therapy. The initial review was performed on 08/02/07 by M.D. (PMR) and upheld on reconsideration/appeal by M.D. (Ortho). Both physicians cite the recommendations of the Official Disability Guidelines for the basis of their denials.

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

The injured individual is almost four and one half months status post shoulder arthroscopic labral repair, subacromial decompression and distal clavicle resection. He was immobilized for a period of time in an abduction orthosis and began a formal physical therapy program. It does not appear that he has been compliant with a home exercise program in-between sessions, as documented in the therapy notes. His examination suggested adhesive capsulitis, a complication. It would appear that he has plateaued in the last two months despite an attempt at aggressive therapy. He has undergone at least twenty-seven sessions of supervised formal physical therapy to date.

The Official Disability Guidelines: Allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home PT.

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



The injured individual has clearly exceeded these recommendations despite what has been reported as aggressive physical therapy. It would be expected that he would have been transitioned to an active self-directed home program at this point in the treatment plan. There is not a clear treatment plan by the operating surgeon to address this discrepancy.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES