



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

DATE OF REVIEW: April 22, 2008

IRO Case #:

Description of the services in dispute:

Preauthorization request – physical therapy, 2–3 times per week for 4 weeks.

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 Orthopaedic Surgery. This reviewer is a member of the American Orthopaedic Society, the American College of Surgeons, the American Academy of Orthopaedic Surgeons, the American Medical Association and the American Academy of Disability Evaluating Physicians. This reviewer has been in active practice since 1976.

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.

Medical necessity does not exist for the requested physical therapy, 2–3 times per week for 4 weeks.

Information provided to the IRO for review

Records Received From the State:

Confirmation of receipt of a request for review, 4/7/08, 5 pages

Request for review by an independent review organization, 4/2/08, 3 pages

Notice to Medical Review Institute of America, Inc, of case assignment, 4/7/08, 1 page

Records Received:

Provider information, undated, 1 page
Treatment history, 4/9/08, 2 pages
Guidelines, 4/9/08, 3 pages
MRI report, 10/2/07, 1 page
History and physical, 10/8/07, 2 pages
History and physical, 11/5/07, 1 page
Patient note, 11/8/07, 2 pages
Patient note, 11/9/07, 2 pages
Patient note, 1/2/08, 1 page
Re-evaluation, 1/8/08, 2 pages
Progress note, 1/25/08, 2 pages
Progress note, 1/28/08, 1 page
Progress note, 1/30/08, 1 page
Progress note, 1/31/08, 1 page
Letter from LVN, 3/24/08, 3 pages
Letter from LVN, 4/4/08, 4 pages

Records Received:

Refused/returned notice, 4/14/08, 1 page
Notice of assignment of independent review organization, 4/7/08, 1 page

Patient clinical history [summary]

The patient is a male who suffered a fall at his place of work. The patient complains of pain in the left shoulder and both knees. Has been treated with a physical therapy program for mild osteoarthritis acromioclavicular joint and glenohumeral joint with adhesive capsulitis. The patient appears to have been provided with the full duration of supervised physical therapy, as recommended in the current ODG. Additional physical therapy has been requested.

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

It does not appear that additional physical therapy is justified. The patient has received the full extent of physical therapy recommended in the current edition of the ODG. Periodic monitoring has not demonstrated dramatic improvement in symptoms. This patient should be transitioned to a home program. Additional physical therapy, 2–3 visits per week for 4 weeks, is not medically necessary for this patient.

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

ODG, 2008, Shoulder Chapter, pgs 1649 – 1650