

Notice of Independent Review Decision

DATE OF REVIEW:

02/14/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Occupational therapy to include CPT codes: 97014, 97530, 97110, 97010, and G0283).

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management.

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.

Occupational Therapy to include CPT codes 97014, 97530, 97110, 97010, and G0283 are not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report dated 01/31/08
- Referral dated 01/31/08
- Utilization Management: Letter dated 02/01/08
- DWC: Notice To LLC Of Case Assignment dated 01/31/08
- DWC: Notice To Utilization Review Agent Of Assignment dated 01/31/08
- DWC: Confirmation Of Receipt Of A Request For A Review dated 01/30/08
- Letter dated 01/30/08 from, Managed Care
- Letters dated 01/25/08, 01/21/08 from, Utilization Review Nurse
- Professional Reviews: Appeal dated 01/24/08 from, D.O.
- LHL009: Request For A Review By An Independent Review Organization dated 01/21/08
- Professional Reviews: Pre-Authorization report dated 01/20/08 from, M.D.
- Form letter dated 01/17/08
- Orthopedic Surgery Group: Notes dated 01/16/08, 01/14/08, 01/09/08 from, C.O.T.A.
- Orthopedic Surgery Group: Therapy Referral dated 01/08/08
- Orthopedic Surgery Group: Office note dated 01/08/08 from, M.D.
- NOTE: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a xx year old male with date of injury xx/xx. The diagnosis is rotator cuff strain right shoulder. There is no MRI report. The injured individual had at least twelve sessions as of 01/08/2008 and on that date had full range of motion (ROM) and no pain complaints. The attending provider (AP) is requesting twelve more physical therapy (PT) entailing exercise, heat/cold, and two forms of e-stimulation.

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

Continuing Occupational Therapy (OT) to include CPT codes 97014, 97530, 97110, 97010, and G0283 is denied for multiple reasons. First, the injured individual is doing exceptionally well and has full ROM and minimal to no pain complaints. Second, his injury is now five months old; he should be doing a home exercise program (HEP) at this point or moving on to surgery if he is no better (which he does appear to be). Third, most of the CPT codes requested are passive modalities not proven effective per the Official Disability Guidelines (ODG). Finally, ODG allows up to ten visits for his diagnosis (sprained rotator cuff) and he has already had at least twelve.

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

• **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroscopic: 24 visits over 14 weeks

Post-surgical treatment, open: 30 visits over 18 weeks

Complete rupture of rotator cuff (ICD9 727.61; 727.6)

Post-surgical treatment: 40 visits over 16 weeks

Adhesive capsulitis (IC9 726.0):

Medical treatment: 16 visits over 8 weeks

Post-surgical treatment: 24 visits over 14 weeks

Dislocation of shoulder (ICD9 831):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment (Bankart): 24 visits over 14 weeks

Acromioclavicular joint dislocation (ICD9 831.04):

AC separation, type III+: 8 visits over 8 weeks

Sprained shoulder; rotator cuff (ICD9 840; 840.4):

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks

Arthritis (Osteoarthrosis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9)

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week



Post-surgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks

Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0):

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 visits over 10 weeks

Fracture of clavicle (ICD9 810):

8 visits over 10 weeks

Fracture of humerus (ICD9 812):

Medical treatment: 18 visits over 12 weeks

Post-surgical treatment: 24 visits over 14 weeks

Work conditioning (See also Procedure Summary entry):

10 visits over 8 weeks