P-IRO Inc.

An Independent Review Organization
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DATE OF REVIEW: March 26, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
3 month Rental for Dynasplint

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME

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

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Letters Adverse Determination 2/29, 3/11/08
Letter Dr. for attorney at law.
Medical Records 8/30, 8/31, 9/7, 10/22, 10/25, 11/21, 11/26 , 11/27, 11/29, 12/3, 12/6, 12/18, 12/21, 12/26/07; 1/17, 1/22, 2/21, 2/25, 2/26, 2/28
Xray report 3/13/02 Imaging
Surgical Records 10/9/07

Certificate Medical Necessity

Medical Report Dr. 2/7/08
Certificate Medical Necessity for Dynasplint 2/19
Perscription for Dynasplint 2/7/08
Letter of appeal of denial 3/6/08 unsigned

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a left handed man who reportedly injured his left shoulder. He was lifting a ladder and felt a pop. He had an old shoulder injury that resolved several years earlier. He was initially felt to have an AC strain, but failed to improve. An MRI reportedly showed a labral tear and paralabral cyst. The rotator cuff was intact. He underwent a labrum repair (SLAP) and acromioplasty on 10/9/07. The records describe him as motivated and working with the pain. He was felt to need limited passive motion for 4-5 weeks accompanied by isometric exercises. He had ongoing pain and stiffness. His ranges of motion were described as slowly improving with the therapies. He had a set back in December by missing some home session. Progress was reported as limited by pain and apprehension.

10/25/07	Passive Flexion 130	External rotation 20		
11/29/07	Abduction 110	ER 45		IR 40
12/18	Abduction 90	Flexion 110	ER 55	IR 60.
1/17	Abduction 70	ER 45		IR 40
2/7	Flexion 150	ER 30		
2/21		ER 50		IR 60

He reported in the 1/22 note a prior increase in pain and loss of motion after "a sudden jerk while performing the peck deck…"

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

This man reportedly had more pain and loss of motion after the January description of a jerk. The Reviewer did not see any further evaluation of this. Loss of shoulder motion is common after shoulder surgery.

The Dynasplint was not specifically identified in the shoulder treatments. It is a proprietary name. In fact, no comments on shoulder splinting or bracing were found including post surgical management. This included management post shoulder surgery. There is a description for Static Progressive Stretch therapy in both the shoulder and elbow section. This description of a "mechanic devices for joint stiffness and contracture" sounds very much as the Dynasplint.

The criteria used for the elbow address:

"1. Joint stiffness caused by immobilization." He was immobilized after surgery.
"2. Established contractures when passive ROM is restricted." The ranges of motion described above included both passive and active motion. Lastly,
"3. Healing soft tissue that can benefit from constant low-intensity tension." This is the goal of stretching the capsule.

This is also applicable from the section on shoulder discussion.

He therefore meets these criteria if extrapolated for the shoulder and therefore appears to be an appropriate candidate for the Dynasplint.

ODG:

ELBOW

Static progressive stretch (SPS) therapy
Recommended as indicated below. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contractured joint and provide incremented tension in order to increase range of motion. (Bonutti, 1994) (Stasinopoulos, 2005) (Doornberg, 2006) (BlueCross BlueShield, 2003)
Criteria for the use of static progressive stretch (SPS) therapy:
A mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks when used for one of the following conditions:
1. Joint stiffness caused by immobilization
2. Established contractures when passive ROM is restricted
3. Healing soft tissue that can benefit from constant low-intensity tension

Shoulder

Static progressive stretch (SPS) therapy
Recommended as an option for adhesive capsultis. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contractured joint and provide incremented tension in order to increase range of motion. (BlueCross BlueShield, 2003)

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**
- ☒ **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**

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**