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Notice of Independent Review Decision

DATE OF REVIEW: March 24, 2008

IRO CASE #:

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

This case was reviewed by a physiatrist, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 2/week for 3 weeks for the right shoulder

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o February 13, 2008 referral for physical therapy for the right shoulder of 2x/week for 3 weeks
- o February 14, 2008 orthopedic evaluation report of Dr.
- o February 25, 2008 physical therapy daily progress note of PT
- o February 27, 2008 physical therapy daily progress report of PT
- o February 29, 2008 physical therapy daily progress report of PT
- o February 29, 2008 initial denial of the request for PT 2 x 3 weeks right shoulder
- o March 7, 2008 denial for reconsideration of request for PT 2 x 3 weeks right shoulder
- o March 10, 2008 second request for reconsideration for PT 2 x 3 weeks right shoulder

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews, the patient is an employee who sustained an industrial injury to the right shoulder. She is status post right shoulder capsulorrhaphy (suture of a tear) secondary to impingement and subacromial decompression on February 11, 2007.

Per an orthopedic reevaluation report of February 21, 2008, the patient's chief complaint is right shoulder pain. The patient is currently doing very well. She has good range of motion. Impingement continues and the Neer test and Hawkin's impingements sign are positive. There is weakness but overall she is doing extremely well. There is good passive range of motion. She does have limited external rotation to about 30 degrees which is where the physician wanted her to be at that time. She had significant strength in the shoulder today. She will continue with light duty at work with no use of the right arm. She was to return in one month.

Per a physical therapy note of February 25, 2008, the patient reports ongoing improvement with treatment. The symptoms are described as a pulling sensation, throbbing, in the right shoulder. She wears a sling. Passive range of motion and joint mobilization was applied and the patient was instructed in home exercises. The patient is instructed in doorway stretches and shoulder flexion with weight of one pound.

Per a physical therapy note of February 27, 2008, the patient reports the exercises are helping. Right shoulder flexion both active and passive is now to 130 degrees of a possible 150 degrees of motion. The patient continues to guard during the exercise protocols. The plan is to continue with therapy depending on tolerance and the physician's instructions and continue with the extensive home exercise program.

Physical therapy notes of February 29, 2008 are reviewed. The patient states symptoms are better than last visit. There is less tenderness noted with palpation. The patient demonstrates an increase in overall range of motion and less pain with movements. She is performing her home exercises correctly. Current in-office protocols focus on strengthening and stabilization activities with modalities to reduce pain.

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

The Official Disability Guidelines states that self-training may be as effective as physical therapist-supervised rehabilitation of the shoulder in post-surgical treatment of patients treated with arthroscopic subacromial decompression.

Formal physical therapy has been provided between February 14, 2008 and February 29, 2008. The total number of visits provided has not been stated. The medical records indicate progressive improvement with the therapy provided and good compliance with home exercises. The medical records indicate continuing improvements and the only addition to the protocols in-office are passive modalities and supervision. While the patient has not yet been returned to maximum strength and endurance, the medical records indicate that she can continue her home-based program at this time without need of supervision and additional passive modalities. Therefore, my determination is to uphold the previous non-certification of the request for physical therapy 2/week for 3 weeks for the right shoulder.

The IRO's decision is consistent with the following guidelines:

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

Official Disability Guidelines (2008):

Impingement syndrome: For impingement syndrome significant results were found in pain reduction and isodynamic strength. (Bang, 2000) (Verhagen-Cochrane, 2004) (Michener, 2004) Self-training may be as effective as physical therapist-supervised rehabilitation of the shoulder in post-surgical treatment of patients treated with arthroscopic subacromial decompression. (Anderson, 1999) A recent structured review of physical rehabilitation techniques for patients with subacromial impingement syndrome found that therapeutic exercise was the most widely studied form of physical intervention and demonstrated short-term and long-term effectiveness for decreasing pain and reducing functional loss. Upper quarter joint mobilizations in combination with therapeutic exercise were more effective than exercise alone. Laser therapy is an effective single intervention when compared with placebo treatments, but adding laser treatment to therapeutic exercise did not improve treatment efficacy. The limited data available do not support the use of ultrasound as an effective treatment for reducing pain or functional loss. Two studies evaluating the effectiveness of acupuncture produced equivocal results. (Sauers, 2005)

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

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