

## **I-Resolutions Inc.**

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

(512) 782-4415 (phone)

(512) 233-5110 (fax)

### **Notice of Independent Review Decision**

**DATE OF REVIEW: MAY 12, 2008**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of physical therapy three times a week for four weeks for the left shoulder (97032, 97035, 97530).

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

M.D., Board Certified Orthopedic Surgeon

### **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**

Adverse Determination Letters, 04/02/08, 04/09/08

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Shoulder. Physical Therapy

Office note, Dr., 12/14/07

Letter from Dr., 03/24/08, 04/21/08

Operative report, 12/26/07

PT Daily record s, 03 / 15/08 to 03/31/08

MD Rx, 03/21/08

Letter from physical therapist, 04/07/08

Dr. SLAP lesion repair protocol

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx year old male claimant reportedly underwent a left shoulder arthroscopic superior labral anterior to posterior repair with a partial rotator cuff repair and acromioplasty on xx/xx/xx. The records indicated that the claimant has attended twenty four sessions of therapy. A physician record dated 04/21/08 noted the claimant has finished therapy with good range of motion and good strength. Additional physical therapy has been requested.

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

This is a xx year-old who reportedly injured his left shoulder on xx/xx/xx following which he underwent left arthroscopic superior labral repair and partial rotator cuff repair in conjunction with acromioplasty on 12/26/07. Records document that this individual has attended approximately 24 sessions of therapy up to 04/09/08. Request was made to determine the medical necessity of additional physical therapy (12 sessions).

As of April 24, 2008, this individual was approximately three months postop and had full range of motion with improving strength. ODG guidelines suggest that postsurgical rehab would typically involve no more than 24 visits over 14 weeks. There are no indications within the clinical records provided, and in consideration of ODG guidelines, to support the request for additional physical therapy of 12 visits as outlined.

The reviewer finds that there is not medical necessity for physical therapy three times a week for four weeks for the left shoulder.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Shoulder. Physical Therapy

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT.

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

**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)