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DATE OF REVIEW: 08/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IRO - Physical Therapy to the Right Shoulder 2 x 6

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Trauma, Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
IRO - Physical Therapy to the Right Shoulder 2 x 6	97530, 97112, 97110, 97001	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Office Visit Report		1	04/14/2009	04/14/2009
2	Office Visit Report	Orthopedics South	6	05/07/2009	05/19/2009
3	Diagnostic Test	Radiology	2	04/21/2009	04/21/2009
4	Peer Review Report	MD	2	05/20/2009	05/20/2009
5	PT Notes		4	04/02/2009	04/02/2009
6	PT Notes	Physical Therapy	7	05/07/2009	07/10/2009
7	Initial Denial Letter		6	05/14/2009	06/05/2009
8	IRO Request	Texas Department of Insurance	14	07/23/2009	07/24/2009
9	Claim Dispute		1	05/28/2009	05/28/2009

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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female with a straining injury to her right shoulder xx/xx/xx throwing a bag . She suffered pain, diminished range of motion and weakness or adjacent musculature. MRI scan performed on 4/21/09 revealed supraspinatus tendinopathy and partial thickness rotator cuff tear. She was treated with medications, activity modifications and physical therapy. A physical therapy request dated 7/10/09 indicated that the patient had received 12 visits of physical therapy.

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

It appears that the patient would be authorized 10 visits of physical therapy based on the guidelines provided in the ODG, 2009, Shoulder Chapter, physical therapy passage (sprained shoulder; rotator cuff {ICD9 840; 840.4} considerations). The request for physical therapy 2 times per week for 6 weeks should be denied because the total number of sessions exceeds the recommendation cited above. This patient has already received physical therapy sessions in excess of the recommended 10 visits over 8 weeks.

Physical therapy	<p>Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Use of a home pulley system for stretching and strengthening should be recommended. (Thomas, 2001) For rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. For rotator cuff pain with an intact tendon, a trial of 3 to 6 months of conservative therapy is reasonable before orthopaedic referral. Patients with small tears of the rotator cuff may be referred to an orthopaedist after 6 to 12 weeks of conservative treatment. The mainstays of treatment for instability of the glenohumeral joint are modification of physical activity and an aggressive strengthening program. Osteoarthritis of the glenohumeral joint usually responds to analgesics and injections into the glenohumeral joint. However, aggressive physical therapy can actually exacerbate this condition because of a high incidence of joint incongruity. (Burbank, 2008) (Burbank2, 2008)</p> <p><u>Impingement syndrome:</u> 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)</p> <p><u>Rotator cuff:</u> There is poor data from non-controlled open studies favoring conservative interventions for rotator cuff tears, but this still needs to be proved. Considering these interventions are less invasive and less expensive than the surgical approach, they could be the first choice for the rotator cuff tears, until we have better and more reliable results from clinical trials. (Einisman-Cochrane, 2004)</p>
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	<p>External rotator cuff strengthening is recommended because an imbalance between the relatively overstrengthened internal rotators and relatively weakened external rotators could cause damage to the shoulder and elbow, resulting in injury. (Byram, 2009)</p> <p><i>Adhesive capsulitis:</i> For adhesive capsulitis, injection of corticosteroid combined with a simple home exercise program is effective in improving shoulder pain and disability in patients. Adding supervised physical therapy provides faster improvement in shoulder range of motion. When used alone, supervised physical therapy is of limited efficacy in the management of adhesive capsulitis. (Carette, 2003) Physical therapy following arthrographic joint distension for adhesive capsulitis provided no additional benefits in terms of pain, function, or quality of life but resulted in sustained greater active range of shoulder movement and participant-perceived improvement up to 6 months. (Buchbinder, 2007) Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasonography, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapy providers available for referral.</p> <p>ODG Physical Therapy Guidelines –</p> <p>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.</p> <p>Sprained shoulder; rotator cuff (ICD9 840; 840.4):</p> <p>Medical treatment: 10 visits over 8 weeks</p> <p>Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks</p>
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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG:

Shoulder chapter