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Notice of Independent Review Decision

DATE OF REVIEW: 08/13/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Additional Physical Therapy (3wk4) or 12 sessions CPT 97110, 97140, 97035, G0283, 97535

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

Texas Board Certified Pain Management and Rehabilitation

REVIEW OUTCOME

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

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Bone & Joint Institute, P.A., prescriptions dated 04/16/09 and 03/26/09
2. Bone & Joint Institute Worker's Compensation prognosis and treatment plan dated 03/26/09
3. Physical therapy progress/treatment notes dated 03/31/09, 04/06/09, 04/08/09, 04/09/09, 04/13/09, 04/15/09, 04/20/09, 04/23/09, 04/27/09, 04/29/09, 04/30/09
4. Bone & Joint Institute worker's compensation prognosis and treatment plan dated 05/01/09
5. Physical therapy phone communication note dated 05/04/09
6. Physical therapy phone communication note dated 06/04/09
7. Hospital, MRI dated 06/08/09
8. Physical therapy phone communication note dated 06/09/09
9. Physical therapy phone communication note dated 06/15/09
10. Physical therapy phone communication note dated 06/16/09
11. Physical therapy reevaluation/reexamination dated 07/07/09
12. Physical therapy progress/treatment note dated 07/07/09

13. Physical therapy communication report to Indemnity Company; Dr. M.D., dated 07/15/09
14. Bone & Joint Institute, P.A., worker's compensation prognosis and recommendations
15. Bone and Joint Institute, P.A. , prescription dated 07/02/09
16. Indemnity Company Letter of Denial, Number 1, dated 07/13/09
17. Indemnity Company Letter of Denial, Number 2, dated 07/22/09
18. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee, is a xx year old who reportedly, on or around 02/17/09, fell down the stairs at the west lobby back stairs injuring her right knee and right elbow. The employee did not received immediate treatment at that time and continued to work.

The employee attempted to contact a physician in town who did not accept worker's compensation, but was able to refer her to the Bone and Joint Clinic.

The employee was seen by Dr. , M.D. At that time, the employee also began to state that her right shoulder was also injured and was diagnosed with enthesopathy to the right elbow. Dr. wrote a prescription for physical therapy on 03/26/09 for ice pack, ultrasound, and active exercises for the employee's diagnosis of right elbow and forearm contusion and strain. On 04/16/09, Dr. wrote another prescription for "continue with right elbow and shoulder prescriptions for physical therapy and a diagnosis of "contusion right elbow and sprain right shoulder". In a letter dated 03/26/09, Dr. has written a letter to worker's compensation stating that examination of the right elbow revealed no swelling. There was tenderness over the olecranon, and the employee lacked about the last 20 degrees of extension. Dr. also stated the employee had fairly good flexion and fair pronation and supination. Dr. placed the employee on Vicodin 5/500 and wrote for her to continue working. The employee's follow-up appointment was three weeks from that date.

The employee began physical therapy on 03/31/09. By the physical therapy appointment dated 04/06/09, it was documented that the pain had decreased, range of motion had increased, and strength had also increased. Functional comments stated mild to moderate dysfunction of right upper extremity as noted. On 04/09/09, physical therapy note stated, "Mild dysfunction of right upper extremity with good progress towards goals and good response towards physical therapy intervention and to continue with physical therapy three times weekly.

On a physical therapy note dated, 04/15/09, comments stated, "Mild to moderate impairment of right upper extremity, with deficits as noted". The employee completed five or six visits and treatment to her right upper extremity. According to this note, "It is shown that the employee has shown marked improvement with right elbow function and pain reduction. Employee continues to verbalize instability, pain, weakness and limited function of her right shoulder". The note stated that the employee exhibited insufficient right rotator cuff with "giving way" as noted on this document. Physical Therapist,

LPT, was recommending continued therapy at three times a week for three weeks after completing final visit on current POC, due to employee's insufficient right rotator cuff exhibition. As documented, the employee continued to state that she also had "popping" along with the pain to her right shoulder with elevation and any type of rotary movement.

The employee continued with physical therapy until 04/30/09. A physical therapy note dated 04/30/09 stated under impairment comments that there was mild to moderate impairment of the upper extremity, right side, with challenges being at the right shoulder, particularly with rotation at 90 degrees elevated position. It also stated that the employee had made excellent progress with her right elbow, achieving full range of motion in all planes of movement for the same. The right shoulder continued with instability at 90+ degrees elevation. Physical Therapist Martin stated the employee would benefit from additional therapy to complete rehabilitation of the same.

In a letter to worker's compensation from Dr., after the employee returned to his office for the follow-up visit on 05/01/09, stated the examination showed the right elbow revealed minimal tenderness in the medial epicondylar area with good range of motion and minimal pain, and the right shoulder revealed good range of motion but with complaints of "pain and pinching". According to Dr., "the x-rays taken at the office taken last visit were normal". Dr. felt the employee should undergo an MRI to determine if the employee has a partial rotator cuff tear. An MRI was scheduled and employee continued to work.

On 06/04/09, a telephone communication form from the physical therapy department showed that the request for the MRI to right shoulder was denied, and Dr. appealed and should have an answer by the 06/05/09.

On 06/06/09, the employee went to Hospital to have an MRI of the right shoulder without contrast performed. The results showed:

1. Small amount of subacromial fibrosis. Type 1 acromion. Suspect mild anterior impingement
2. Cuff tendinosis as described above. Suspect small partial thickness articular surface tear of the supraspinatus tendon near the critical zone without full thickness component.
3. Partial thickness tear of the subscapularis tendon
4. Small amount of glenohumeral and acromioclavicular joint fluid as well as fluid in the subacromial-subdeltoid bursa.

On 06/09/09, the employee called the physical therapist to notify him that the MRI was completed, and she was to follow-up with Dr. and she would let them know regarding results and recommendations.

On 06/15/09, the employee called the physical therapist to report that she has a partial tear of shoulder tendon, however was not specific of same, and was going to request the MRI report. The physical therapist received a faxed copy of the report on 06/16/09 and was going to hold physical therapy due to the partial thickness tear of supraspinatus and subcapularis tendons until employee is seen by a shoulder specialist.

The employee was reevaluated and reexamined by Physical Therapist on 07/07/09 with a diagnosis of rotator cuff sprain and impingement syndrome to the right shoulder with pain and requested another three to four weeks of therapy. Specific functional observation included in the physical therapist documentation stated the employee's tolerance to recreation activities were improved, tolerance to work activities were unchanged, and tolerance to independent activities of daily living were improved. Moderate dysfunction of right upper extremity shoulder was updated SPADI rating 69% at present.

In a letter to worker's compensation dated 07/02/09 from Dr. Orthopedic Specialist, stated the employee had been failing conservative management treatment, and after a physical examination showing positive Neer's and positive Hawkins signs, and proceeded to inject the employees subacromial space with 8 cc's of Lidocaine and 2 cc's of Celestone. Dr. physical examination also showed mild decrease in strength with scaption secondary to discomfort. The Employee had mild posterior subluxation with posterior load shift. The employee also has negative apprehension and negative relocation with anterior instability examination. At that point, Dr. recommended the employee have physical therapy for impingement protocol for rotator cuff strengthening and scapular stabilization. Dr. wrote a prescription for three times a week for four weeks for modalities and electrotherapy. The letter from physical therapy was also included to Indemnity Company addressed to Dr. M.D., requesting reversal of prior determination of non-coverage of physical therapy services with the appropriate reasons.

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

The employee was not seen for ten visits for her right shoulder. Only five visits were dedicated to that treatment area.

The employee was not treated for adhesive capsulitis as indicated in MD reviewer's notation. The employee was treated for right shoulder pain, instability with concomitant impingement, and rotator cuff insufficiency.

The employee was referred back to physical therapy services for specific rotator cuff pathology, with radiologically and clinically determinable compromise.

Conservative management is both clinically indicated and medically necessary to remediate this employee's shoulder challenges at this time.

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

1. **Official Disability Guidelines**, Knee and Elbow Chapters, Online Version
2. APTA, Industrial Rehab Guidelines