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Notice of Independent Review Decision

DATE OF REVIEW: 08/19/09

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 Pain Management (Board Certified), 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

Additional physical therapy 3 x 4 to the left 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 02-23-09 Physician notes from Dr.
- o 03-12-09 Operative notes, partial, unsigned
- o 03-13-09 Physician notes from Dr.
- o 03-25-09 Physician notes from Dr.
- o 04-08-09 Physician notes from Dr.
- o 04-22-09 Physician notes from Dr.
- o 05-06-09 Physician notes from Dr.
- o 05-29-09 Physician notes from Dr.
- o 06-12-09 Physician notes from Dr.
- o 06-26-09 Physician notes from Dr.
- o 06-25-09 PT SOAP notes from PT
- o 06-29-09 PT SOAP notes from PT
- o 07-01-09 PT SOAP notes from PT
- o 07-02-09 Fax cover sheet, request for PT x 12
- o 07-03-09 Physician notes from Dr.
- o 07-10-09 Physician notes from Dr.
- o 07-07-09 Adverse determination letter for additional PT
- o 07-20-09 Adverse determination letter for reconsideration of PT
- o 07-29-09 Request for IRO from the claimant
- o 08-11-09 Carrier Submission from Esq.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews the patient is an employee who sustained an industrial injury to the left shoulder on xx/xx/xxxx when he slipped and fell on top of a trailer onto his left shoulder. He incurred extensive damage to the rotator cuff and is status post left shoulder excision of distal clavicle, acromioplasty, and debridement of rotator cuff tear on March 12, 2009.

The patient was ordered PT on March 13, 2009. When staples were removed on March 25, 2009 he noted some pain with therapy. On April 8, 2009 the physician indicated the patient was progressing slower than expected in therapy. Passive flexion was to 100 degrees and abduction to 90 degrees. On April 22, 2009 the patient reports severe pain and difficulty with therapy. He complains of pain with almost any movement and desires more pain medication.

The medical notes of May 6, 2009 indicate the patient has been seen by a specialist and is now using a TENS unit. A note from the therapist states he will continue therapy at three times a week. He cannot tolerate a shirt rubbing against his shoulder and reports burning pain from his neck to his fingers. Active range of motion is much less than passive.

The patient underwent a nerve block on May 26, 2009. With some difficulty he can place his hand behind his back. He is given a new prescription for PT. On June 12, 2009 it was noted the patient is being considered for a second nerve block. A therapy note indicates he is making slow progress due to pain and is getting frustrated and depressed.

PT notes of the 37th PT visit on June 25, 2009 notes the patient is reporting persisting radiating pain from his neck to his fingertips. He has not slept the last two nights due pain and tingling down to his fingertips when he lies down. His pain level remained at 7/10 even after the PT visit. On June 26, 2009 it was noted that a second nerve block is scheduled for June 30, 2009. He has not slept for two nights because of pain. Forward shoulder flexion is to 30 degrees. He can attain 90 degrees of flexion with passive motion. Cervical MRI and left shoulder MRI arthrogram are planned. On July 1, 2007 the patient reported increased neck and shoulder pain following an injection. He was told it would take 3-5 days to see if the injection will help or not.

Physician notes of July 3, 2009 indicate the patient is planning a cervical MRI. Request for a shoulder MR arthrogram at the same sitting was not authorized. On July 10, 2009 the patient reported no relief with the nerve block performed on June 30, 2009. At this visit, the patient demonstrated passive shoulder flexion to 100 degrees and abduction to 90 degrees.

Request for additional PT to the left shoulder was not certified in review on July 7, 2009 with rationale that the medical necessity for 12 additional PT visits was not substantiated. The patient reportedly attended innumerable PT sessions previously with no apparent clinical improvement. The records contain limited information showing the patient's response to individual modalities, especially from a functional standpoint, or detail of his HEP. A peer discussion was attempted but not realized.

Request for reconsideration for additional PT to the left shoulder was not certified in review on July 20, 2009 with rationale that the most current clinical notes of July 1, 2009 indicate the patient had neck and shoulder pain after competing 39 post-operative sessions and after an unspecified number of injections. The medical records submitted contain no clinical documentation regarding a recent objective assessment of improvement especially from a functional standpoint. Having exceeded the recommended number of visits, there is no clear evidence of further therapeutic benefit from additional sessions. A home exercise program was identified, and mobilization techniques have been documented in the regimen used. There are no current objective data comparing shoulder mobility at the beginning, during and after the regimen. The necessity of the request at this juncture has not been established.

The Carrier Submission was reviewed and is significant for the following information: The patient was walking out of handy can and slipped. The carrier is responsible for medical benefits as a result of the compensable injury only. The injured worker has attended 41 therapy sessions between 01-26-09 and 7-2-09 without recent assessment of functional improvement.

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

The patient incurred extensive damage to the rotator cuff in a fall and is status post left shoulder excision of distal clavicle, acromioplasty, and debridement of rotator cuff tear on March 12, 2009. In May 2009 he reported burning pain from his neck to his fingers and underwent a nerve block on May 26, 2009. In June his pain was increased and at one point he had not slept for two nights due pain and tingling down to his fingertips when he lies down. His pain level remained at 7/10 despite PT with active therapy. He could bring his shoulder actively to 30 degrees of flexion and passively to 90 degrees. A second nerve block of June 30, 2009 was noted as providing no relief one day later, although 10 days post injection, passive motion was to 100 degrees and passive abduction to 90 degrees.

The carrier summary states, the patient was walking out of handy can and slipped. This appears to imply the patient re-injured his shoulder when he slipped walking out of a store. However, there is no mention of a re-injury or separate injury in the medical records submitted.

Despite 41 sessions of PT and at least two injections, the patient is limited at about 100 degrees of flexion and abduction. At the end of June he was reporting persisting radiating pain from his neck to his fingertips and a cervical MRI was in process. Twelve additional formal visits would not likely improve his motion to any significant extent. The patient may increase his motion somewhat in the long-term with diligent HEP. The patient appears to have attained maximum benefit from formal PT and should be able to continue his shoulder rehabilitation with HEP. The clinical findings do not substantiate a medical necessity for additional, extended, formal PT. Therefore, my recommendation is to uphold the previous non-certification for additional physical therapy visits 3 x 4 to the left 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

The Official Disability Guidelines - Shoulder (7-14-2009):

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