

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** November 6, 2009

**IRO CASE #:**

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

12 visits of physical therapy

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice for over 22 years.

### **REVIEW OUTCOME**

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

#### **TDI**

- Office visits (06/29/09 – 08/10/09)
- Diagnostics (02/14/09)
- Utilization reviews (08/21/09 - 10/12/09)

#### **Dr.**

- Office visit (02/07/08)
- Diagnostic (02/05/08)

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who injured his right shoulder when the power steering went out and he had to steer it manually on xx/xx/xx.

In February 2008, M.D., performed electromyography/nerve conduction velocity (EMG/NCV) study of the upper extremities. The patient had developed neck pain with symptoms of radiculopathy. These symptoms were initially present in the right hand and were now more prominent in the left hand. The patient had a previous carpal tunnel release on the right and ulnar translocation on the left. The EMG/NCV study revealed acute irritability in the bilateral C5, C6, and C7

motor roots with the greatest change in the left C6 distribution and with left-sided radiculopathy at all root levels, minimal denervation in the left deltoid, mild slowing of the ulnar conduction times on right despite a lack of significant needle study changes and chronic needle study reduction noted on the left side.

Dr. reviewed magnetic resonance imaging (MRI) of the cervical spine that revealed a well-defined extrusion both on the sagittal T2-weighted images and less prominently on the axial images at the C5-C6 level. A mild bulge was seen at the C6-C7 level.

In February 2009, MRI of the right shoulder revealed acromioclavicular (AC) and glenohumeral osteoarthritis, extensive tendinosis of the supraspinatus and infraspinatus portions of the rotator cuff with a small superimposed partial thickness insertional tear, and grade II partial tear of the proximal long head of biceps tendon.

M.D., an orthopedic surgeon, evaluated the patient for right shoulder pain and impingement with rotator cuff tendinosis and small beginning intrasubstance tears. The patient had attended some therapy. Examination revealed significant clicking and crepitation over the right shoulder, positive O'Brien's test for a labrum tear with some clicking in the labrum, a little more significant push-pull, and positive cross-arm on impingement signs. Dr. administered a right shoulder injection.

D.C., evaluated the patient for difficulty with circumduction type of movements in the right shoulder. Examination revealed slight pain in the shoulder on resistance on the right compared to the left and mild-to-moderate spasm of the cervical musculature. Dr. requested for post-injection rehabilitation.

In August, Dr. noted history was positive for bilateral knee replacements with ACL replacement on the left. The patient had recently undergone hand surgery for torn ligament on the right. He recommended a repair of labrum if the complaints persisted.

Per utilization review dated September 4, 2009, request for PT twice a week for seven weeks was denied with the following rationale: *"The claimant sustained shoulder injury on July 30, 2007, and has received extensive and full treatment. The claimant reportedly underwent shoulder injection one month ago. This request is reportedly for post injection therapy, which is not clinically justifiable due to the fact that: (1) Post injection therapy is only justifiable if performed immediately following injection and (2) Post injection therapy should not exceed four visits maximum. The request for PT twice a week for seven weeks is not supported to be clinically justifiable and not recommended by Official Disability Guidelines (ODG)."*

Per utilization review dated October 2, 2009, appeal for 12 visits of PT was denied with the following rationale: *"The amount of therapy requested in this case, which was largely passive in nature (hot/cold packs, electrical stimulation, and manual therapy) in addition to exercises was in excess of ODG recommendations. The ODG indicates that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasonography, transcutaneous electrical nerve stimulation (TENS) unit, 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 PT providers available for referral. The ODG also advocates up to 10 visits of PT over eight weeks and one to two visits over one week for post-injection treatment. The requested therapy in this case was in excess of ODG parameters for PT utilization.”*

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

The documentation provided indicated the claimant injured his right shoulder in xxxx and received appropriate therapy and interventions for that injury. On 06/29/09, the claimant was evaluated by Dr. who reported the claimant had good ranges of motion in the right shoulder and rotator cuff strength was intact. On 08/10/09, Dr. reported that the claimant had excellent range of motion in the right shoulder with muscle function graded 5/5. The requirement for in-office physical modalities and exercise is not supported. In addition, the requested therapies exceed guideline treatment parameters.

**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**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**