DATE OF REVIEW: February 3, 2009

IRO Case #:

Description of the services in dispute:

Preauthorization – Physical therapy, #G0283, #97010, #97014, #97110 physical therapy 3 X 4 weeks.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Society of Military Orthopaedic Surgeons. This reviewer has been in active practice since 2005.

Review Outcome

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

Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Medical necessity does not exist for the requested Physical therapy, #G0283, #97010, #97014, #97110 physical therapy 3 X 4 weeks.

Information provided to the IRO for review

Records Received From The State

Fax 1/14/09, 1 page
Notice of case assignment, 1/14/09, 1 page
Confirmation of receipt of a request for a review by an independent review organization, 1/13/09, 6 pages
Request for review by an independent review organization, 1/9/09, 2 pages
Letter from RN, 12/30/08, 3 pages

Letter from RN, 1/7/09, 3 pages

Records Received From

Fax from PT precert clerk, 12/19/08, 1 page
Therapy referral, 12/12/08, 1 page
Evaluation, 12/12/08, 2 pages
Note, 12/17/08, 1 page
Note, 12/16/08, 1 page

Records Received From Surgery

Evaluation, 8/7/07, 3 pages
Evaluation, 8/28/07, 2 pages
Evaluation, 9/25/07, 2 pages
Evaluation, 10/30/07, 3 pages
Evaluation, 12/11/07, 2 pages
Evaluation, 1/8/08, 2 pages
ECG, 1/14/08, 1 page
Evaluation, 1/18/08, 1 page
Arthroscopy report, 1/23/08, 4 pages
Evaluation, 1/29/08, 2 pages
Hand/upper extremity evaluation, 2/6/08, 2 pages
Note, 2/8/08, 1 page
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Note, 2/12/08, 2 pages
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6/18/08, 1 page Evaluation,
6/20/08, 2 pages Note,
6/24/08, 1 page Evaluation,
6/25/08, 3 pages Note,
6/25/08, 1 page
Note, 6/26/08, 1 page
Evaluation, 7/11/08, 2 pages
Patient diagnostic report, 7/16/08, 2 pages
Arthrogram report, 7/16/08, 1 page
Evaluation, 7/24/08, 2 pages
Evaluation, 8/1/08, 2 pages
EMG/NCS report, 8/11/08, 2 pages

Evaluation, 8/19/08, 2 pages
Evaluation, 9/12/08, 2 pages
Operative report, 2 pages
Evaluation, 9/19/08, 2 pages
Evaluation, 9/26/08, 2 pages
Re-evaluation, 10/3/08, 2 pages
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Note, 12/8/08, 1 page
Note, 12/9/08, 1 page
Note, 12/10/08, 1 page
Evaluation, 12/12/08, 2 pages
Note, 12/15/08, 1 page
Note, 12/16/08, 1 page
Note, 12/17/08, 1 page

Patient clinical history [summary]

The patient is a male who injured his left shoulder in xx/xxxx. He was evaluated and diagnosed with left shoulder impingement and a possible partial rotator cuff tear, based on his exam and MRA findings. He was treated with a left shoulder steroid injection, therapy, and antiinflammatory medications. He had continued pain, and on 1/23/08 he underwent a left shoulder arthroscopy with a subacromial decompression, acromioplasty, and debridement of a torn labrum. He performed physical therapy postoperatively, but had continued shoulder pain. He had continued pain over the next 6 months despite a good recovery of his strength and motion with therapy and use of oral and topical NSAIDs. A second left shoulder MR arthrogram was done on 07/08 showing supraspinatus tendinopathy with a very limited surface partial thickness tear and without evidence of a full thickness tear with subacromial bursitis. A second opinion was obtained from Dr., who diagnosed the patient with recurrent left shoulder impingement and a possible peripheral nerve entrapment syndrome. Dr. recommended an EMG/NCS to the left arm, continued therapy for scapular stabilization, and discussed the possible need for a repeat surgery. The EMG was normal and the NCS showed mild carpal tunnel syndrome but no radiculopathy. Dr. recommended a repeat left shoulder arthroscopy to evaluate the labrum and his prior decompression, and also to consider a distal clavicle resection. On 9/15/08 the patient underwent a left shoulder arthroscopy with a superior labral repair, lysis of adhesions, and distal clavicle resection. He was placed back in therapy following this surgery and has shown progress with decreased pain and improved motion and strength. The most recent physician note states, "He is overall doing well. He still has a little crepitation in the shoulder, but improving." His exam shows good range of motion, a little tenderness over the distal clavicle joint, mild crepitation anteriorly form the bursa. He was placed back on Tramadol, Mobic, and a Flector patch. The most recent therapy states he has continued pain with activities of daily living. The patient has had a total of 28 physical therapy visits since his most recent surgery. An additional 12 visits of therapy with e-stim, cold packs, and therapeutic exercise has been recommended.

<u>Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.</u>

The patient has had an extensive treatment period for his left shoulder with two arthroscopies and multiple visits of therapy. He never had complete relief following his first surgery despite therapy and pain medications and a second surgery was performed during which the superior labrum was repaired. Following his second surgery he has had 28 visits of therapy and per the most recent notes he has made good progress in his motion and strength, but still has shoulder pain. There has been no significant improvement in his symptoms after reviewing the most recent therapy notes, and it is not clear why additional therapy would benefit this patient versus a home exercise program. The ODG shoulder chapter does not make specific recommendations for the number of visits of therapy following a superior labral repair, however for an anterior labral repair it recommends up to 24 visits. This patient has exceed that amount and not shown any recent

improvement. The requested therapeutic exercise and cold packs are supported by the ODG shoulder chapter however e-stim is not recommended:

Exercises:
Recommended. Shoulder disorders may lead to joint stiffness more often than other joint disorders. Therapeutic exercise, including strengthening, should start as soon as it can be done without aggravating symptoms. Pendulum exercises are usually tolerated by the patient even when discomfort is pronounced, and range of motion can be preserved by this method. Lifting and working at 90 degrees (the position of abuse) as well as overhead work should be proscribed or restricted during the first few weeks after onset of problems due to acute rotator cuff tear, AC joint strain or separation, and impingement syndrome. (Verhagen-Cochrane, 2004) Exercise was demonstrated to be effective in terms of short term recovery in rotator cuff disease, and longer term benefit with respect to function. Combining mobilization with exercise resulted in additional benefit when compared to exercise alone for rotator cuff disease.

Cold packs:
Recommended.

Electrical stimulation:
Not recommended. For several physical therapy interventions and indications (eg, thermotherapy, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy.

Additional physical therapy is unlikely to help this patient. In addition, he has exceeded the recommended number of visits for a labral repair, and the requested e-stim is not supported by the ODG.

<u>A description and the source of the screening criteria or other clinical basis used to make the decision:</u>

ODG, shoulder chapter