

SENT VIA EMAIL OR FAX ON  
Jul/07/2009

## True Decisions Inc.

An Independent Review Organization  
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**DATE OF REVIEW:**

Jul/06/2009

**IRO CASE #:**

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

Physical Therapy (PT) three times a week for three weeks consisting of manual therapy neuromuscular re-education, therapeutic activities and therapeutic exercises as related to the bilateral shoulder for no more than 4 units per session

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

X-ray left shoulder, 02/25/09, 02/25/09

Office notes, Dr. 02/27/09, 03/04/09, 03/18/09, 06/10/09

MRI left shoulder, 03/02/09

Arthrogram right shoulder, 04/02/09

MRI right shoulder, 04/02/09

PT shoulder evaluation, 04/14/09

PT notes, 04/24/09 to 05/20/09

Peer review, 05/22/09, 06/09/09

Letter, Dr., 06/10/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured on xx-xx-xx when he fell off the top stair and porch. He sustained a left shoulder dislocation and also injured his right shoulder. The left shoulder was reduced in the emergency room. MRI of the left shoulder on 03/02/09 showed findings suspicious for anterior glenoid fracture and anterior labral tear. There were findings suggestive of Hill-Sachs impaction fracture in the posterosuperior humeral head. There was also moderate acromioclavicular joint osteoarthritis and moderate distal supraspinatus tendinosis. Dr. planned left shoulder immobilization for three weeks. Due to increasing right shoulder pain MRI arthrogram was done on 04/02/09 that showed deformity at the superolateral aspect of the right humeral head suggesting a Hill-Sach's lesion and findings

compatible with a tear in the inferior and anteroinferior glenoid labrum. There was also tendinopathy in the supraspinatus and osteoarthritis in the acromioclavicular joint with mass effect on the supraspinatus.

Physical therapy evaluation was done on 04/14/09 and physical therapy was initiated on 04/24/09 for both shoulders. The claimant completed 10 visits as of 05/20/09. Additional therapy was ordered and denied on peer review. At the office visit of 06/10/09 Dr. noted that the right shoulder felt normal but the left shoulder continued with some pain and limitation of motion. The claimant lacked 20-30 degrees of internal and external rotation and lacked adduction strength on the left side. Dr. felt that the claimant needed additional therapy.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The requested additional therapy cannot be justified based on a careful review of all medical records.

The claimant has reached the typical maximal therapy visits for the diagnosis of a shoulder dislocation. The letter from Dr. on 06/10/09 indicates only a rotational deficit without indicating a significant deficit in elevating the arm. The claimant does not seem to have an additional diagnosis of adhesive capsulitis.

It is not clear that the claimant has a significant functional deficit as a result of the diminished rotation in the shoulder. It is unclear if the claimant has made progress with regard to external rotation with recent therapy treatments.

In general, internal rotation is the last motion to improve following a shoulder injury or shoulder surgery. This is often improved through a focused home exercise program. Any residual strength deficit could also be improved with home exercises. The rationale for formal physical therapy at this time is unclear given the information reviewed.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates. Shoulder

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

**Dislocation of shoulder** (ICD9 831):

Medical treatment: 12 visits over 12 weeks

**Sprained shoulder; rotator cuff** (ICD9 840; 840.4):

Medical treatment: 10 visits over 8 weeks

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)