



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: June 29, 2009 [Amended report sent on 6/30/09]

IRO Case #:

Description of the services in dispute:

Preauthorization – Physical Therapy, right shoulder – #97014, #97035, #97110, #97116, #97010, #97033, #97113 and #97530.

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 completed a fellowship in Pediatric Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. This reviewer has been in active practice since 2000.

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, right shoulder – #97014, #97035, #97110, #97116, #97010, #97033, #97113 and #97530.

Information provided to the IRO for review

Records Received from State

Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) – 8 pages

Notification of Adverse Determination 6/1/09 – 4 pages

Notification of Adverse Determination 6/15/09 – 3 pages

Notice of Case Assignment 6/17/09 – 2 pages

Records Received from Provider

Fax Transmission 5/27/09 – 1 page

Therapy Referral/Hand Therapy Center –1 page

Re-Evaluation 5/14/09 - 3 pages
Physical Therapy Daily Progress Note 5/5/09 - 1 page
Fax Transmission 6/3/09 - 1 page
Therapy Referral/Hand Therapy Center -1 page
Evaluation dated 5/21/09 - 2 pages

Patient clinical history [summary]

The patient is a female who reportedly underwent right shoulder rotator cuff repair and biceps tenodesis by Dr. approximately 6 months ago. The patient completed (about) 27 post-operative visits of PT with Mr. per his note on May 14, 2009, at which time Mr. noted that the patient's PT benefit had expired per ODG guidelines. Dr. subsequently evaluated the patient on May 21, 2009 and prescribed 8 additional sessions, despite having a home exercise program in place. The operative report is not included for review. Two previous peer reviews have non-certified further PT based on documentation submitted and ODG guidelines.

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

Further physical therapy does not appear to be medically necessary, based on the documentation submitted for review. According to internal documentation by Mr., the PT benefit has expired. However, without copies of the operative report and the PT sessions attended, it is impossible to exactly determine what PT benefit from ODG to apply. Further, the patient appears to have done well 5 months post-operatively and have a home exercise plan in place. Finally, excessive modalities have been requested on both pre-authorization requests. This reviewer is in agreement with the findings of the two previous reviewers in non-certifying further physical therapy.

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

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

ODG, Shoulder, Physical therapy