

SENT VIA EMAIL OR FAX ON  
Mar/30/2009

## Pure Resolutions Inc.

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**DATE OF REVIEW:**  
Mar/26/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
PT Right Shoulder

**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

MRI right shoulder, 12/20/07

Office notes, Dr. 4/30/08, 05/08/08, 06/18/08, 07/16/08, 08/19/08, 09/16/08, 10/08/08, 12/11/08, 12/23/08, 12/30/08, 01/08/09, 01/21/09, 02/05/09, 02/12/09, 02/26/09

MRI right shoulder, 7/24/08

Operative report, Dr. 12/19/08

Peer review, Dr. 2/6/09

MRI lumbar spine, 2/18/09

Peer review, Dr, 2/24/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who fell through a hole and struck his axilla on a metal bar injuring his right shoulder on xx/xx/xx. The MRI of 07/24/08 showed supraspinatus tendinopathy, a small articular sided partial thickness tear of the infraspinatus tendon, a complete tear of the long head of the biceps tendon, a superior labral tear and possibly anterior labral tear, possible development of mild glenoid osteoarthritis and moderate acromioclavicular joint osteoarthritis. It was noted that the non-displaced greater tuberosity fracture noted on the previous study of 12/20/07 had fully healed and the moderate subacromial/subdeltoid bursal effusion present on the previous study had fully resolved.

The claimant underwent right shoulder surgery on 12/19/08 consisting of right shoulder arthroscopy, extensive adhesiolysis of intra articular and extra articular adhesions, extensive

debridement of intra articular and extra articular structures with focus on subscapularis tendon and rotator cuff tendon, limited synovectomy, open exploration of proximal bicipital groove, arthroscopic superior labrum anterior and posterior repair, arthroscopic anterior labral repair with capsulorrhaphy and arthroscopic rotator cuff repair. Findings included impingement syndrome, ankylosis of the right shoulder secondary to adhesions, complete avulsion proximal biceps tendon with dislocation of tendon into distal arm, large SLAP tear, early traumatic glenohumeral arthritis, focal full thickness rotator cuff tear and a small focal partial tear subscapularis tendon.

Dr. indicated in his notes that the claimant was allowed passive range of motion only for six weeks. On 01/21/09 the claimant had increasing pain anterolaterally. Passive range of motion was to 70 degrees. Dr. ordered physical therapy at that time. No physical therapy notes have been provided. One peer review discusses an initial therapy evaluation on 02/02/09 with a plan for 3 times a week for 4-6 weeks. Dr. note dated 02/12/09 stated that the claimant had never been approved for physical therapy despite numerous requests. On 02/26/09 Dr. noted that the claimant had never received more than 5 therapy sessions. The claimant had been doing exercises at home. On exam the claimant had mild crepitation in the subacromial joint and subacromial tenderness. Active abduction was 0-60 degrees; passive abduction 0-90 degrees. Active forward flexion was 0-90 degrees and passive forward flexion was 0-120 degrees. Internal and external rotation were full and painless. There was a mildly positive Hawkins sign. The physician recommended physical therapy and noted that the surgery would be a failure if the claimant did not receive appropriate post op rehabilitation.

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

Further therapy is reasonable and appropriate and consistent with ODG guidelines and the claimant's MRI and surgical findings. The claimant's therapy was not initiated until after the 01/21/09 visit given the surgical magnitude. Therapy is expected and an integral part of recovery from shoulder surgery. It would be reasonable based on the information provided to provide therapy three times a week for four weeks followed by a clinical recheck for evaluation of progress and possible recommendations for more aggressive therapy based on the examination at that time. This recommendation remains well within ODG parameters.

Official Disability Guidelines Treatment in Worker's Comp 2009 Update

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 week

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroscopic: 24 visits over 14 week

Post-surgical treatment, open: 30 visits over 18 week

Complete rupture of rotator cuff (ICD9 727.61; 727.6)

Post-surgical treatment: 40 visits over 16 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)