



# Lumetra

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**DATE OF REVIEW:** 5/13/09

**IRO CASE #:**

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

Continue Physical Therapy 2 x week x 4 weeks

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

Certified by the American Board of Orthopaedic Surgery

**REVIEW OUTCOME**

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
Xx/xx/xx		Prospective	812.0	97110, 97140	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physician/Practitioner notes from 9/12/08 to 3/4/09

Operative Report dated 9/16/08 with partial medical record

Physical Therapy notes from 10/7/08 to 4/1/09

Laboratory report dated 1/9/09

Official Disability Guidelines cited but not provided-ODG TWC Shoulder

**PATIENT CLINICAL HISTORY:**

This claimant fell at work on xx-xx-xx, and injured the left shoulder. The claimant sustained an extremely comminuted displaced 3-part proximal humerus fracture

and underwent surgical intervention in the form of open reduction internal fixation (ORIF) of left proximal humerus fracture on 09/16/08. The claimant subsequently completed an extensive course of physical therapy as well as injections, which reportedly made a tremendous difference in her pain, and the claimant reported that she was able to do activities of daily living (ADLs) with no pain on 01/30/09. Physical examination on this date revealed 5/5 strength in the upper extremities, no loss of sensation, and 2+ deep tendon reflexes. The claimant subsequently returned to work ½ days. The claimant reports that the pain is variable, but she is finally adapting to the limited range and was able to rake the yard for one hour over the weekend. Active range of motion is reported as flexion 155 supine with abduction 120 degrees supine. Manual motor testing is rated as 3/5 in flexion, 4/5 in external rotation, 4+/5 in internal rotation and 3+/5 in abduction. Pain level is reported as 2-3/10. The claimant has reportedly demonstrated improvement over the past month with the consistency of therapy and her home exercise program. The claimant's functional score reportedly improved by 19% over the past 4 weeks.

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

In the Reviewer's opinion, based on the clinical information provided, the request for continued physical therapy 2 x week x 4 weeks is not indicated. The claimant fell at work and sustained a severe 3-part proximal humerus fracture that required ORIF performed in September 2008. The patient has reportedly completed approximately 49 sessions of physical therapy to date. The Official Disability Guidelines support 24 visits over 14 weeks for the claimant's diagnosis. The claimant's treatment to date is double the amount of physical therapy recommended by current evidence based guidelines and exceeded recommendations. The records indicate that the fracture had healed in mid December 2008. Physical examination in January 2009 reported 5/5 strength, intact sensation and 2+ deep tendon reflexes at the triceps, biceps and brachioradialis. The most recent physical examination in April 2009 reports decreased range of motion and weakness throughout the shoulder. Although the records report that the claimant's functional score has improved by 19% over the past 4 weeks, it appears that the claimant has reached a plateau in treatment as strength has actually decreased. The claimant has completed sufficient supervised therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program only. Given the current clinical data, medical necessity for continued physical therapy is not established.

References: ODG Shoulder Chapter

Fracture of humerus (ICD9 812):

Medical treatment: 18 visits over 12 weeks

Post-surgical treatment: 24 visits over 14 weeks

**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
- 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)