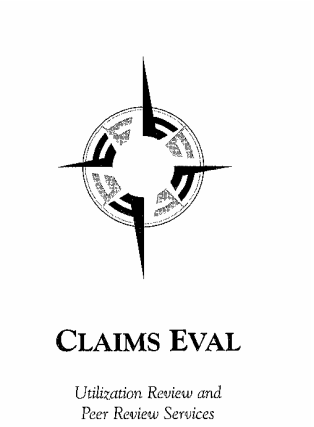

Notice of Independent Review Decision-WC

DATE OF REVIEW: 11-16-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Continue outpatient physical therapy 3 x 4 for sprain injury

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

American Board of Orthopaedic Surgery-Board Certified

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 6-19-09 MD., office visit.
- Unknown provider - office visits on 7-15-09 and 8-13-09.
- Physical therapy progress report dated 8-24-09.
- Physical therapy progress report dated 9-2-09.
- 9-9-09 MD., Performed a Utilization Review.
- 9-16-09 DO., Performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Followup visit with Dr. on 6-19-09 notes the claimant complains of neck and right shoulder pain. The claimant reports that her neck is better, but she still complains of right shoulder pain. The claimant reports that she is more weak and unable to comb her hair. On exam, the claimant has decreased tenderness at the cervical spine from the last visit. She has right shoulder tenderness along the posterior right trap fold extending to the lateral aspect of the right shoulder. The claimant has positive impingement, positive drop sign. She has weakness in the right shoulder on testing. The MRI of the cervical spine shows no radiating. The claimant has degenerative disc disease and stenosis. The claimant has positive tear of the subscapularis tendon and possible partial tear of the long head of the biceps tendon. The evaluator recommenced the claimant continue with medications, physical therapy and modified work duties. The evaluator recommended ortho consult.

Examination provided by unknown provider dated 7-15-09 notes the claimant has cervical spasms with painful range of motion. The claimant has positive right shoulder impingement. DTR are equal and symmetrical. The evaluator recommended physical therapy. The claimant is off work per ortho.

Examination dated 8-13-09 by unknown provider notes the claimant is seen for right shoulder. The claimant states she is still having pain. The claimant saw orthopedist

yesterday. Th evaluator recommended the claimant continue with physical therapy and home exercise program. The claimant is to continue care with ortho.

Physical therapy progress report dated 8-24-09 covers treatment from 7-28-09 through 8-24-08. The claimant complains of right shoulder pain. The claimant continues to have difficulty with the upper extremity movement and lifting at work. Long-term goals 4-6 weeks include independence, in getting out of bed without shoulder pain, improved performance but continues to have pain 3-5/10. The claimant will demonstrate independence with dressing. The claimant will demonstrate independence with work activities requiring upper extremity movement without shoulder pain above 3/10. The claimant is to performed therapeutic exercises, manual therapy, neuromuscular reeducation, hot pack and electrical stimulator.

Physical therapy progress report dated 9-2-09 notes the claimant is xx-year-old female who complains of right shoulder pain dull to shoulder sprain sustained while lifting a patient at work. Demonstrates improved active and passive right shoulder range of motion since beginning therapy and performing home exercise program. The claimant demonstrates decreased overall muscle guarding but continues to experience guarding and scapular compensation with terminal range of motion due to pain. The claimant will benefit from physical therapy to address her limitations.

On 9-9-09, MD., Performed a UR. This injured worker sustained a strain in the right shoulder while lifting on xx/xx/xx and has undergone 17 physical therapy treatments. A current note from her physician is not available. Physical therapy note indicates the injured worker has made some gains with range of motion which is now functional but not with strength. Additional therapy was recommended however based on the fact there are no current notes from the physician and that the injured worker may have adhesive capsulitis or may be a rotator cuff tear. Therefore, at the present time additional physical therapy to the right shoulder three times a week for four weeks is recommended for denial at preauthorization.

DO., Utilization review dated 09/16/09 notes the request is for continuation of physical therapy to the right shoulder three times a week for four weeks. This is a xx-year-old female with the date of injury of xx/xx/xx. She has completed approximately 18 physical therapy sessions to date. There appears to be significant lack of progress. Her muscle strength has remained diminished at 3-/5 to 3/10. There are no updated clinical notes from the requesting physician. There was an unsuccessful attempt reach the requesting physician, Dr. on 8-16-09. The reviewer physician was advised that Dr. would call. However, a return call was not received. At this time, recommend denial of preauthorization of additional physical therapy as not medically appropriate. Based on the submitted documentation reviewed, it appears the injured worker has plateaued with significant residual deficits particularly strength deficits.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Review of the available medical records finds a female with an impingement syndrome of the right shoulder. Appropriate medical care has been provided to date. Claimant has not shown much benefit from prior physical therapy activities. At this point in time, I would recommend against formal physical therapy activities. There are no modalities necessary to manage this chronic problem of the shoulder.

ODG-TWC, last update 11-3-09 Occupational Disorders of the Shoulder – Physical therapy: Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Use of a home pulley system for stretching and strengthening should be recommended. (Thomas, 2001) For rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. For rotator cuff pain with an intact tendon, a trial of 3 to 6 months of conservative therapy is reasonable before orthopaedic referral. Patients with small tears of the rotator cuff may be referred to an orthopaedist after 6 to 12 weeks of conservative treatment. The mainstays of treatment for instability of the glenohumeral joint are modification of physical activity and an aggressive strengthening program. Osteoarthritis of the glenohumeral joint usually responds to analgesics and injections into the glenohumeral joint. However, aggressive physical therapy can actually exacerbate this condition because of a high incidence of joint incongruity. (Burbank, 2008) (Burbank2, 2008)
Impingement syndrome: For impingement syndrome significant results were found in pain reduction and isodynamic strength. (Bang, 2000) (Verhagen-Cochrane, 2004) (Michener, 2004) Self-training may be as effective as physical therapist-supervised rehabilitation of the shoulder in post-surgical treatment of patients treated with arthroscopic subacromial decompression. (Anderson, 1999) A recent structured review of physical rehabilitation techniques for patients with subacromial impingement syndrome found that therapeutic exercise was the most widely studied form of physical intervention and demonstrated short-term and long-term effectiveness for decreasing pain and reducing functional loss. Upper quarter joint mobilizations in combination with therapeutic exercise were more effective than exercise alone. Laser therapy is an effective single intervention when compared with placebo treatments, but adding laser treatment to therapeutic exercise did not improve treatment efficacy. The limited data available do not support the use of ultrasound as an effective treatment for reducing pain or functional loss. Two studies evaluating the effectiveness of acupuncture produced equivocal results. (Sauers, 2005)
Rotator cuff: There is poor data from non-controlled open studies favoring conservative interventions for rotator cuff tears, but this still needs to be proved. Considering these interventions are less invasive and less expensive than the surgical approach, they could be the first choice for the rotator cuff tears, until we have better and more reliable results from clinical trials. (Ejnisman-Cochrane, 2004) External rotator cuff strengthening is recommended because an imbalance between the relatively overstrengthened internal rotators and relatively weakened external rotators could cause damage to the shoulder and elbow, resulting in injury. (Byram, 2009)
Adhesive capsulitis: For adhesive capsulitis, injection of corticosteroid combined with a simple home exercise program is effective in improving shoulder pain and disability in patients. Adding supervised physical therapy provides faster improvement in shoulder

range of motion. When used alone, supervised physical therapy is of limited efficacy in the management of adhesive capsulitis. (Carette, 2003) Physical therapy following arthrographic joint distension for adhesive capsulitis provided no additional benefits in terms of pain, function, or quality of life but resulted in sustained greater active range of shoulder movement and participant-perceived improvement up to 6 months. (Buchbinder, 2007) Use of the Shoulder Dynasplint System (Dynasplint Systems, Inc., Severna Park, MD) may be an effective adjunct "home therapy" for adhesive capsulitis, combined with PT. (Gaspar, 2009) Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasonography, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapy providers available for referral.

Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):
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- 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)**