

Notice of Independent Review Decision

DATE OF REVIEW: 11/3/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 3xwk/4wks for Left Shoulder

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
		Prospective	724.2	97010, 97014, 97035, 97110, 97530, 97116	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.

Physical therapy notes from 5/26/09 through 10/1/09

Physician note dated 9/2/09

Treatment History

Official Disability Guidelines provided

ODG treatment Shoulder (Acute & Chronic)-Physical Therapy

ODG treatment Neck and Upper Back (Acute & Chronic)-Physical Therapy

Notice of Independent Review Decision
Page 2

PATIENT CLINICAL HISTORY:

The male patient sustained an injury on xx/xx/xx when he fell into a street sweeper machine injuring his right hand, left shoulder, left elbow and upper back. The patient sustained an amputation of the distal part of the third finger on the right hand.

Records indicate the patient underwent extensive physical therapy (PT) programs in 2005/2006. On 05/26/09 the patient underwent physical therapy evaluation at which time he was noted to have chief complaint of cervical, scapular and shoulder pain with thoracic and low back pain. Problem list identified decreased cervical and low back active range of motion; persistent pain cervical and low back regions limiting function; spasms and tenderness in upper trap, T-LPVM and cervical musculature. The patient began a course of physical therapy.

PT progress note dated 06/01/09 reflects the patient has apprehension with performing initial ANGELS in shoulder retraction due to discomfort of shoulders. The patient was provided with home exercise program and hand out for cervical lateral flexion, rotation and levator scapula stretches. The patient was noted to have fair concept of stretch and potential for HEP compliance is fairly good.

PT progress note dated 06/03/09 indicates that spasms persist in upper trap and anterior shoulder region with overall improved active range of motion of cervical and shoulder regions noted and good recall of HEP. Daily progress notes indicate the patient continued to make slow progress in response to treatment.

The patient was seen on 09/02/09 for evaluation with chief complaint of neck, shoulder and hand pain. Physical examination reported the patient to have pain with abduction greater than 90 degrees, overhead activities. The patient has pain with rotation to neck to the left. The patient is neurovascularly intact to upper extremities. PT reevaluation on 10/01/09 indicates the patient completed a total of 10 PT visits with the last visit being on 07/22/09. The patient stated there was improvement overall pain and improved function after treatments. Upper extremity strength was graded 5/5. Active range of motion of the right and left shoulders was within functional limits with pain noted.

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

In the Reviewer's opinion, medical necessity is not established for physical therapy 3xWk x 4Wks (12 sessions) for left shoulder. The patient is noted to have sustained an injury in xx/xxxx. Records reflect the patient has had extensive physical therapy in 2005/2006. The patient had additional physical therapy x 10 sessions beginning with

Notice of Independent Review Decision
Page 3

evaluation on 05/26/09 and therapy continuing to 07/22/09. The patient was noted to have had reported improvement in overall pain and improved function after treatments. Reevaluation on 10/01/09 reported 5/5 motor strength in bilateral upper extremities. Active range of motion of bilateral shoulders was within functional limits with pain noted. Physical therapy notes from 06/2009 indicate the patient was instructed in and compliant with home exercise program. Given the current clinical data, nothing more than continued home exercise program is indicated as medically necessary. There is no documentation of exceptional factors that would warrant exceeding treatment guidelines in this case.

Reference:

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](#).

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- 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**

Notice of Independent Review Decision
Page 4

- 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)**