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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 11, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy for 3 times a week for 4 weeks (97110, 97140, G0283)

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Utilization reviews (07/31/09 - 08/14/09)
- Office visits (06/03/09 – 07/23/09)

ODG have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who injured his left shoulder on xx/xx/xx. The mechanism of injury is unavailable.

In June, the patient was seen by an unknown physician who noted that the patient was assigned 20% impairment rating (IR) by Dr. . In July, the physician

noted the patient had started physical therapy (PT) again and was doing light duty work.

On July 23, 2009, the patient was seen at Physical Therapy for painful left shoulder rated as 0-5/10, lack of strength for full reaching overhead and use above the shoulder level. He had a constant burning spot around the left upper shoulder blade, rated 7/10. It was noted that the patient had attended 24 sessions of PT from August 4, 2008. Objective findings included improvement in left shoulder passive flexion and abduction. Active range of motion (ROM) measurements was as follows: flexion 150 degrees, abduction 135 degrees, extension 55 degrees, and rotation to T10. The current diagnoses were rotator cuff rupture and pain in the shoulder and he was treated with manual therapy and therapeutic exercises. He demonstrated good progress with strength and mobility of the shoulder, although gains were a little slower than anticipated possibly due to the extent of weakness developed over duration of injury and no therapy allowed during critical recovery period. The evaluator recommended PT three times a week for four weeks.

On July 31, 2009, , M.D., denied the request for PT three times a week for four weeks with the following rationale: *"I have reviewed the clinical information submitted and the ODG guidelines. The records submitted contain no clinical documentation from a treating physician/the requesting provider regarding a recent patient assessment or otherwise addressing the proposed services; this is required. The patient attended 36 PT sessions previously with overall good response; records submitted contain limited documentation regarding this treatment, the patient's response to individual modalities, especially from a functional standpoint, or details of his participation in an independent exercise program. The documentation submitted and review of the guidelines does not support the medical necessity of the requested 12 additional PT sessions."*

On August 14, 2009, , M.D., denied the appeal for PT three times a week for four weeks with the following rationale: *"The patient is reported to have had 36 postoperative PT visits to date. Submitted PT notes provide insufficient objective evidence of improvement from a functional standpoint (serial objective evidence of advancing active range of motion, strength testing, endurance testing, documentation of activities of daily living and work capacity advancement). As per PT note dated July 27, 2009, met goals include ability to tolerate daily activities at the shoulder level and establishment of a home exercise program. In accordance with ODG, the patient has nearly reached maximum recommended limits. There is insufficient information regarding the rationale for further therapy visits at this point. Without adequate objective documentation of functional improvement with the extensive therapy received and unless the requesting provider furnishes supplemental information to support the request for continued therapy, medical necessity of the proposed therapy is not established."*

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

THE MEDICAL INFORMATION FROM THE PROVIDERS, AS PRESENTED HERewith, IS INSUFFICIENT TO ESTABLISH THE MEDICAL NECESSITY OF THE PHYSICAL THERAPY SERVICES AS REQUESTED. THE RECORDS SUBMITTED CONTAIN INSUFFICIENT CLINICAL DOCUMENTATION OR OBJECTIVE EVIDENCE OF IMPROVEMENT FROM A FUNCTIONAL STANDPOINT, SUCH AS SERIAL DOCUMENTATION OF ACTIVE RANGE OF MOTION, STRENGTH, ENDURANCE, ADLS, AND WORK CAPACITY. WITHOUT SUCH DOCUMENTATION, THE REQUEST DOES NOT APPEAR TO MEET ODG CRITERIA. MOREOVER, IT APPEARS THAT THE CLAIMANT HAS ALREADY RECEIVED THE UPPER LIMITS OF PHYSICAL THERAPY AS APPROVED BY ODG.

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

Complete rupture of rotator cuff (ICD9 727.61; 727.6)

Post-surgical treatment: 40 visits over 16 weeks

THE ADVERSE DETERMINATIONS OF THE PREAUTHORIZATION REVIEWERS APPEAR TO BE CONSISTENT WITH ODG CRITERIA.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES