



DATE OF REVIEW: April 14, 2010

IRO Case #:

Description of the services in dispute:

Twelve (12) sessions of physical therapy for the right shoulder to include CPT code #97110.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopedic Surgery. This reviewer is a member of American Academy of Orthopedic Surgery, American Orthopedic Society Sports Medicine and International Society of Arthroscopic Knee Surgery. This reviewer has been in active practice since 2000.

Review Outcome

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

Upheld

The request for 12 additional physical therapy visits for the right shoulder to include CPT code #97110 is not indicated as medically necessary.

Information provided to the IRO for review

Records from State

Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) -1 page

Request for Review by an Independent Review Organization - 7 pages

Letter from Liberty Mutual dated 3/18/10 - 2 pages

Letter from Liberty Mutual dated 3/1/10 - 2 pages

Records from URA

Office Visit 3/16/10 - 2 pages

Outpatient Rehabilitation Treatment Orders/Plan of Care - 3/16/10 - 1 page

Estimate of Units - W/C Preauth Request - 1 page

Outpatient Rehabilitation Re-Assessment and Progress Report 2/24/10 - 1 page

Office Visit 1/18/10 - 2 pages

Admission Record - 1 page

Operative Report 12/10/09 - 3 pages

Peer Review Report 3/18/10 – 3 pages

Peer Review Report 3/1/10 – 3 pages

Records from Provider

Office Visit 12/17/09 – 1 page

Office Visit 9/3/09 – 2 pages

Office Visit 6/29/09 – 2 pages

Office Visit 6/9/09 – 2 pages

MRI Upper Right Extremity 4/3/09 – 2 pages

Letter dated 6/10/09 – 1 page

Patient clinical history [summary]

The patient is a male whose date of injury is x/xx/xx when he was climbing off of a backhoe and felt a pop in his shoulder MRI dated 4/3/09 showed advanced degenerative changes of the right shoulder. The patient failed to improve with conservative care, and underwent right shoulder surgery on 12/10/09. This procedure involved right shoulder arthroscopic debridement with removal of loose bodies, repair anterior labrum, repair posterior labrum, subacromial decompression, open subpectoral biceps tenodesis. The patient apparently was authorized for post-operative physical therapy. Outpatient rehabilitation re-assessment and progress report date 2/24/10 noted subjective report of 75% improvement. The patient reported he is able to function at home relatively well within the restrictions given to him by his surgeon (restricted from driving, lifting and overhead reaching activities). Pain is minimal at rest, moderate with movement. Range of motion testing reported passive range of motion right shoulder flex 157 degrees, abduction 130, internal rotation 70, and external rotation 65 degrees. Motor strength was graded 3-/5 shoulder flexion, abduction and external rotation; 4/5 extension, internal rotation; 3/5 elbow flexion; 4/5 elbow extension. Other assessment noted motion, strength and functional activities limited within scope of rehab protocol.

A request for 12 additional physical therapy visits for right shoulder was reviewed by Dr. on 3/1/10, who recommended adverse determination. Dr. noted that the patient appears to have already received the appropriate amount of therapy postoperatively, and there was indication that the patient had achieved good overall functional improvement without any specific significant or severe positive objective findings or functional limitations to suggest the need for additional formal therapy. Dr. noted that the patient should be able to transition to a home exercise program for long-term maintenance and conditioning. Dr. noted that ODG guidelines provide for post-surgical therapy of 24 sessions over 14 weeks following arthroscopic rotator cuff repair/acromioplasty.

A reconsideration/appeal request was reviewed by Dr. on 3/18/10. Dr. recommended adverse determination, noting that the patient has undergone 23 sessions of physical therapy, and according to ODG guidelines regarding physical therapy for the shoulder, for rotator cuff syndrome/impingement syndrome, post-surgical treatment, arthroscopic, 24 visits over 14 weeks are supported, allowing for fading of treatment frequency plus active self-directed home physical

therapy. Dr., therefore, concluded that the requested 12 additional therapy treatment to the right shoulder to include CPT code #97110 was not medically reasonable or necessary and that the patient should have been taught a home exercise program.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Based on the clinical information provided, the request for 12 additional physical therapy visits for the right shoulder to include #97110 is not indicated as medically necessary. The patient is status post right shoulder arthroscopic debridement with subacromial decompression. Following surgery the patient participated in 23 sessions of physical therapy, which is consistent with ODG guidelines. The request for 12 additional physical therapy visits exceeds the recommended guidelines, and is not medically necessary. The patient has had sufficient formal therapy and should have been instructed in and transitioned to a home exercise program.

A description and the source of the screening criteria or other clinical basis used to make the decision:

The 2010 Official Disability Guidelines, 15th edition, The Work Loss Data Institute. Online edition. Shoulder Chapter

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