Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: August 4, 2010

IRO Case #:

Description of the services in dispute:
Items in dispute are Physical Therapy for the right shoulder. (CPT codes #97110, #97140, #97350)

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 Preventive Medicine in General Occupational Medicine. This reviewer is a fellow of the American College of Occupational and Environmental Medicine. This reviewer has been in active practice since 1995.

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

Upheld

The physical therapy extension for (2 times a week for 6 weeks) twelve therapy treatments, as related to the right shoulder, using CPT codes #97110, #97140, #97530, should be upheld.

Information provided to the IRO for review
Records from the state:

Company request for IRO, 7/27/10, 5 pages
Preauthorization Review Summary, 7/21/10, 2 pages
notification of reconsideration, 7/12/10, 3 pages
notification of adverse determination 6/25/10, 4 pages
Letter from patient, , 1 page
Review Summary, 1 page
Dr., Orthopedics Post-Operative Instruction Sheet, 9 pages
fax cover sheet, 7/22/10, 1 page
Physical Therapy progress note, , PT, 6/29/10, 1 page
Physical Therapy reconsideration request, Dr., 6/29/10, 1 page
Physical Therapy request, Dr., 6/22/10, 1 page
Orthopedics office visit, Dr., 6/11/10, 1 page
Physical Therapy progress report, , DPT, 6/11/10, 1 page
Orthopedics office visit, Dr., 6/11/10, 1 page
Texas Workers' Compensation Work Status Report, Dr., 6/11/10, 1 page

Orthopedics office visit, Dr., 5/07/10, 2 pages
Orthopedics fax cover sheet, Dr., 5/07/10, 1 page
MR of the left shoulder, Dr., 5/05/10, 2 pages
Orthopedics office visit, Dr., 4/16/10, 1 page
Texas Workers' Compensation Work Status Report, Dr., 4/16/10, 1 page
Hospital operative report, Dr., 2/26/10, 3 pages
Orthopedics letter of necessity, Dr., 2/12/10, 1 page
Orthopedics office visit, Dr., 1/22/10, 2 pages
Orthopedics office visit, Dr., 12/04/10, 1 page
Orthopedics office visit, Dr., 10/23/09, 1 page
Orthopedics office visit, Dr.,8/28/09, 2 pages
Radiology MRI of the right shoulder, Dr., 8/4/09, 2 pages

Patient clinical history [summary]
This worker sustained an on the job injury to the right shoulder on xx/xx/xx and required arthroscopic surgery on 2/26/10. This is a request for additional PT treatment after the patient received 36 therapy treatments. Reasons are not given in the clinical notes why there is the request for PT extension. Short and long term goals for extending goals for extending therapy and justification as to why this patient is an outlier in PT progression has not been provided in the clinical notes. For this reason this request was submitted for peer review and a call was made to the provider's office for case discussion.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.
The Official Disability Guidelines recommend 24 therapy treatments over 14 weeks. ODG recommends that Injured workers are to be returned to the functional status prior to the injury. ODG states that pain is subjective and not a reliable measure of function or objective outcome.

This worker sustained an on the job injury to the right shoulder on xx/xx/xx and required arthroscopic surgery on 2/26/10. This is the request for additional PT treatment after the patient received 36 therapy treatments. Reasons are not given in the clinical notes for this request for PT extension. Short and long term goals for extending goals therapy and justification as to why this patient requires additional has not been provided in the clinical notes. Clinical notes dated 6/25/10 state that patient's range of motion (ROM) parameters are Flexion 170/150, normal external rotation (ER), internal rotation (IR) and 5-/5 motor strength.

The patient has reached the amount of therapy normally suggested for this condition. This is not to say that additional therapy is not needed, but only that it need not be administered through a skilled therapist, but rather through the active, independent home exercise program advocated by the ODG and ACOEM evidence-based guidelines. Objective parameters do not support the need for additional therapy in this patient. The previous decisions to uphold the additional PT extension for (2 times a week for 6 weeks) twelve therapy treatments, as related to the right shoulder

consisting of CPT codes #97110, #97140, #97530. If the reason for requesting additional therapy is for relief of pain, then pain is not an objective measure of function and should not be used to measure this patient's level of return to functional baseline. Rather ROM and motor strength have reached near normal status and the remaining minimal parameters are negligible and within normal range and should be equalized with a home exercise program (HEP).

A description and the source of the screening criteria or other clinical basis used to make the decision:
ODG Guidelines online version 2010.