



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC
CLAIMS EVAL REVIEWER REPORT - WC

DATE OF REVIEW: 8-4-10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 10 sessions CPT: 97110, 97140

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

Chiropractor

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

- MD., office visits on 4-16-10 and 5-7-10.
- 6-9-10 DC., office visit.
- 6-24-10 DC., performed a Utilization Review.
- 7-2-10 DC., performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

4-16-10 MD., the claimant was seen for followup. He is seen for right shoulder pain. The claimant reports numbness, stiffness, clicking, popping, tingling, weakness, limited

rotation and difficulty sleeping. The claimant does not take med. On exam, the claimant has a well healed surgical lesion at the right shoulder. The claimant has a positive right lateral bend test. Range of motion was decreased. Right biceps exam was tender. The claimant had a positive Neer impingement sign and positive right drom arm test. Motor testing shows 4/5 at right supraspinatus, 4.5 right biceps, 4/5 right trapezius. Right deltoid 5/5, right external and internal rotation was 5/5. The evaluator felt that a component of the claimant's pain was coming from a pinched nerve in his neck. The evaluator recommended an MRI of the cervical spine. Depending on the cervical MRI results, the evaluator will consider a diagnostic arthroscopy of the right shoulder.

5-7-10 MD., the claimant is seen for follow up. He presents for right shoulder pain. X-rays performed in the office showed arthritic changes at C4-C5 and C5-C6. There is loss of disc space and spurring. The evaluator discussed the claimant's pathology causing his symptomatology. The evaluator recommended the claimant continue with formal physical therapy regarding the right shoulder or cervical spine.

6-9-10 DC., the claimant has followed with Dr. for ongoing pain. The claimant has increased pain levels from the neck to the hand with CMT/range of motion testing. The claimant continues with his portable TENS unit. On exam, the claimant has positive Neers, Hawkins and Spurlings on the right. Range of motion of the cervical spine and shoulder are decreased. Right deltoid and supraspinatus strength is diminished rated as 4/5 compared with the left. The evaluator reported the claimant should continue with Flector patch and portable TENS unit for pain control. The claimant is to pursue cervical MRI. The evaluator recommended psychological evaluation concerning the pain levels and coping skills.

6-24-10 DC., performed a Utilization Review. It was his opinion that the claimant sustained a sprain and strains of the right shoulder and cervical spine. He is status post right shoulder surgery and has undergone both preoperative and postop physical therapy for the shoulder and the cervical spine. A Designated Doctor Evaluation dated 2-20-09 by Dr. opined the claimant had reached MMI. A Designated Doctor Evaluation dated 8-27-09 by Dr. opined the claimant had reached MMI. The submitted examination reports do not discuss a flare up or compelling rationale to substantiate medical necessity for initiating a new course of supervised physical therapy. The claimant should be independent with a self directed home exercise program at this time. Recommend non approval of requested 12 sessions of physical therapy.

7-2-10 DC., performed a Utilization Review. A Peer to Peer was conducted with, DC. The case was discussed. The claimant completed pre and post operative physical therapy for the shoulder and neck. The claimant was placed at MMI by a Designated Doctor on 2-20-09. There is no evidence of progress or objective improvements or functional gains from the prior physical therapy already provided to the claimant prior to this request for the shoulder and cervical spine. The claimant has completed sufficient supervised physical therapy to date to be placed on a home exercise program as advised by ODG. The current request will exceed the ODG physical therapy guidelines for this work injury. There is no evidence of a recent flare up or aggravation. No

rationale has been provided to support a new course of physical therapy for this claimant at this time. The claimant should do just as well with a self directed home exercise program.

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

REVIEW OF THE RECORDS SHOWS THE CLAIMANT PRESENTS ON 04/16/10 WITH SHOULDER AND NECK PAIN THAT HAS BEEN REPORTEDLY UNRESPONSIVE TO SURGERY AND PHYSICAL THERAPY. PRIOR TO PRESENTATION, THE CLAIMANT HAD BEEN DETERMINED TO BE AT MAXIMUM MEDICAL IMPROVEMENT BY EXAMINATION ON TWO SEPARATE OCCASIONS. ON THE FOLLOW-UP VISIT AFTER THE RETURN TO CARE, 05/07/10, THE PHYSICIAN STATES THAT THE CLAIMANT IS CURRENTLY ATTENDING PHYSICAL THERAPY AT "THE INJURY CENTER," AND LATER RECOMMENDS CONTINUING THIS CARE. EVALUATION BY THE PROVIDER, DR., ON 06/09/10, APPROXIMATELY ONE MONTH LATER, DOES NOT DISCUSS PAST PHYSICAL THERAPY OR PROGRESS MADE TO DATE, NOR IS ADDITIONAL THERAPY RECOMMENDED AT THAT TIME. ADDITIONALLY, NO DESCRIPTION OF A SPECIFIC EXACERBATING INJURY OR OCCASION IS NOTED. THREE WEEKS FOLLOWING, ON 07/01/10, A REQUEST FOR 10 SESSIONS OF PHYSICAL THERAPY IS MADE BY THE PROVIDER. SUPPORTING DOCUMENTATION FOR THIS REQUEST IS NOT SUBMITTED FOR REVIEW.

EVIDENCE-BASED GUIDELINES, SPECIFICALLY THE ODG, EXPECT THAT A PATIENT HAVING COMPLETED A COURSE OF PHYSICAL THERAPY WOULD BE INDEPENDENT IN A HOME EXERCISE PROGRAM. A BRIEF RETURN TO CARE IS SUPPORTED FOLLOWING A DOCUMENTED EXACERBATION IN ORDER TO MODIFY OR MONITOR THE CLAIMANT'S HOME PROGRAM AND IS TYPICALLY RECOMMENDED AT 1-2 SESSIONS OF SUPERVISED CARE. HOWEVER, THESE NATIONALLY-ACCEPTED GUIDELINES CLEARLY STATE THAT IN ORDER FOR ADDITIONAL SESSIONS OF THERAPY TO BE JUSTIFIED, A PATIENT MUST BE SHOWN TO PROGRESS WITH A SHORT TRIAL OF SUCH CARE. IN THIS CASE, ALL EVIDENCE PRESENTED DEMONSTRATES THAT THIS CLAIMANT FAILED TO PROGRESS WITH ALL PRIOR PHYSICAL THERAPY, AND NO MENTION OF A HOME PROGRAM IS MADE. GIVEN THIS, PROVIDING ADDITIONAL CARE WHEN ALL PRIOR ATTEMPTS HAVE FAILED TO BENEFIT THE CLAIMANT WITH LASTING FUNCTIONAL IMPROVEMENT CANNOT BE SUPPORTED BY EVIDENCE-BASED MEDICINE. THEREFORE, THE MEDICAL NECESSITY FOR THE REQUESTED ADDITIONAL PHYSICAL THERAPY IS NOT REASONABLE OR MEDICALLY NECESSARY.

ODG-TWC, last update 7-9-10 Occupational Disorders of the Neck and Upper Back – physical therapy: Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. (Rosenfeld, 2000) (Bigos, 1999) For

mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (Philadelphia, 2001) (Colorado, 2001) (Kjellman, 1999) (Seferiadis, 2004) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (Scholten-Peeters, 2006) In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. (Conlin, 2005) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks. (Kongsted, 2007) See also specific physical therapy modalities, as well as Exercise.

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, including assessment after a "six-visit clinical trial".

Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):

9 visits over 8 weeks

Sprains and strains of neck (ICD9 847.0):

10 visits over 8 weeks

Displacement of cervical intervertebral disc (ICD9 722.0):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks

ODG-TWC, last update 7-28-10 Occupational Disorders of the Shoulder – Cervical physical therapy:

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)

Active Treatment versus Passive Modalities: See the Low Back Chapter for more information. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530). 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.

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
Adhesive capsulitis (IC9 726.0):
Medical treatment: 16 visits over 8 weeks
Post-surgical treatment: 24 visits over 14 weeks
Dislocation of shoulder (ICD9 831):
Medical treatment: 12 visits over 12 weeks
Post-surgical treatment (Bankart): 24 visits over 14 weeks
Acromioclavicular joint dislocation (ICD9 831.04):
AC separation, type III+: 8 visits over 8 weeks
Sprained shoulder; rotator cuff (ICD9 840; 840.4):
Medical treatment: 10 visits over 8 weeks
Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks
Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9)
Medical treatment: 9 visits over 8 weeks
Post-injection treatment: 1-2 visits over 1 week
Post-surgical treatment, arthroplasty, shoulder: 24 visits over 10 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)