

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 06/22/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: URGENT PT 3x4 rt shoulder 97001 97002 97010 97014 97033 97035
97110 97112 97140

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Initial office visit 02/11/10
2. Operative report 02/26/10
3. History and physical 02/26/10
4. Postoperative note 03/08/10
5. Physical therapy progress note 04/09/10
6. Physical therapy discharge note 05/07/10
7. Prior review 05/13/10
8. Appeal letter 05/17/10
9. Prior review 05/20/10
10. Postoperative note 05/24/10
11. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx. The employee was diagnosed at the time of the injury with a complete rotator cuff tear and underwent rotator cuff repair with arthroscopy on 10/10/07.

In 2008, the employee was diagnosed with a possible recurrent rotator cuff tear and underwent a second arthroscopic procedure on 02/24/09.

On 02/11/10, the employee saw an orthopedist with limited range of motion of the shoulder and experiencing a significant amount of pain. Upon examination, the employee had 20 degrees of adduction, 20 degrees of forward elevation, no internal and external rotation without severe pain. Passively, he could be abducted to 30 degrees.

On 02/26/10, the employee underwent right shoulder arthroscopy, subacromial decompression, removal of a large loose body, partial glenoid labrum resection, synovectomy, and manipulation.

The employee underwent postoperative physical therapy of twenty-four sessions ending on 05/07/10. The employee's range of motion at discharge was 100 degrees of forward flexion, 95 degrees of abduction, 60 degrees of internal rotation, and 70 degrees of external rotation.

An appeal letter on 05/17/10 from the therapist indicated the pain was 70% better at eight weeks postoperative, and because of his advanced age and three surgeries, the therapist felt that extended care beyond the guidelines was reasonable and warranted. The initial denial was based on lack of satisfactory information. The second denial was based on lack of documentation from the treating physician expounding on rationale as to how the employee falls outside of the recommended guidelines.

On 05/24/10 in follow up, the employee had 90 degrees of abduction and 90 degrees of forward flexion. The recommendation was for more physical therapy.

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

Agreement is made with the previous denial, as there is no submitted documentation adequately explaining how this employee's need for continued physical therapy is an outlier to the established guidelines. There has been functional improvement made at the eight week mark in active range of motion and muscle strength. The employee had a mild to moderate amount of degenerative arthrosis and may never fully establish full motion in his shoulder. There is no indication that the employee could not participate in a home exercise program and gain more functional improvement in strength.

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

Official Disability Guidelines, online version, Shoulder Chapter
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