



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

Date of Review: 6/11/10

IRO Case #:

Description of the services in dispute:

Medical necessity of Physical Therapy.

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

This physician reviewer is board Certified by the American Board of Orthopedic Surgery in general Orthopedic Surgery and Orthopedic Sports Medicine. This reviewer is a Fellow with the American Academy of Orthopedic Surgeons.

Review Outcome

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

Upheld.

Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, the decision to uphold the denial for 12 sessions of therapy with the modalities #97110 (therapeutic exercise), #97530 (therapeutic activities), #97140 (manual therapy), and #G0283 (electrical stimulation) is determined based on evidence based guidelines.

There is insufficient clinical documentation to determine medical necessity for additional physical therapy. Therefore, based on Official Disability Guidelines, the denial for 12 sessions of therapy with the modalities #97110 (therapeutic exercise), #97530 (therapeutic activities), #97140 (manual therapy), and #G0283 (electrical stimulation) is upheld.

Information provided to the IRO for review

Records from URA

Physical Therapy Clinic of Physical Therapy Request, 4/23/10, 1 page

Physical Therapy Clinic of Orders, dr., 4/22/10, 1 page Orthopedic

Clinic, P.A., , M.D. Office Visit from 4/22/10, 1 page Physical Therapy

Clinic of Physical Therapy Request, 4/14/10, 1 page

Patient clinical history [summary]

This is a female patient who sustained an injury to her right shoulder on xx/xx/xx. The patient had a surgical procedure on 12/17/09. The physical therapy progress note dated 4/13/10 showed the patient had active range of motion flexion 160 degrees, abduction 125 degrees, internal rotation 35 degrees, external rotation 65 degrees; and passive range of motion was flexion 170 degrees, abduction 145 degrees, internal rotation 40 degrees, external rotation 75 degrees. Motor strength was 3+/5 for flexion and 3-/5 for abduction, 3-/5 for internal rotation, and 3-/5 for external rotation. The patient had completed an unknown amount of physical therapy. The therapy note stated that the patient underwent a right shoulder capsular release. An office visit on 4/22/10 stated the patient was making slow improvements in physical therapy. However, she had not achieved functional range of motion. The patient was instructed that she would require prolonged exercise to overcome her condition. The patient was given a prescription for Celebrex, because Ibuprofen was causing GI upset. The patient was given a prescription for an additional 12 physical therapy sessions with the modalities #97110 (therapeutic exercise), #97530 (therapeutic activities), #97140 (manual therapy), and #G0283 (electrical stimulation). The request was denied on prior review, as the patient had previously undergone 24 formal sessions of therapy. A second prior review dated 5/04/10 denied the request, as it exceeded current guidelines for number of sessions, and there were no therapy notes documenting progress made in therapy, and not all of the modalities were supported standard treatment modalities.

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

The patient underwent surgery for adhesive capsulitis and has completed an unknown amount of therapy to date from the documents submitted for review. Prior reviews state the patient has completed 24 sessions of therapy. There were no progress summaries documenting the patient's progress with the prior therapy. Electrical stimulation is not a recommended modality and #97140 (manual therapy) is not a standard modality per Official Disability Guidelines. This reviewer agrees with the prior denial, in the recommendation to uphold the denial for 12 sessions of physical therapy with the modalities #97110 (therapeutic exercise), #97530 (therapeutic activities), #97140 (manual therapy), and #G0283 (electrical stimulation) is determined.

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

Official Disability Guidelines, 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.

Adhesive capsulitis (IC9–9 726.0):

Medical treatment: 16 visits over 8 weeks