

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW: FEBRUARY 18, 2010**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Twenty additional sessions of physical therapy outside the home

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

Fellow American Academy of Physical Medicine and Rehabilitation  
Member of PASSOR

**REVIEW OUTCOME**

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**Texas Department of Insurance**

- Utilization Reviews (10/27/09 – 02/04/10)

**Dr.**

- Office Notes (10/15//09 – 01/12/10)
- Diagnostics (11/04/09)

**Dr.**

- Office Notes (11/04/09)
- Diagnostics (11/04/09)

ODG criteria have been utilized for the denials.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who suffered a fall on xx/xx/xx, resulting in dislocation of his left shoulder and several fractures. Following the dislocation, the nerves in his left arm were stretched and ceased to function leading to brachial plexus palsy rendering the left arm unusable.

The patient underwent a left reversed total shoulder arthroplasty on April 22, 2009. His treating physician, M.D., recommended organized physical therapy (PT) outside the home two days a week and PT or its equivalent, at least twice a day, in the home on the remaining days, all aimed at nerve regeneration. Eventually, the patient underwent five sessions of PT comprising therapeutic exercises, manual therapy and neuromuscular re-education.

On November 4, 2009, M.D., noted that following the surgery, the patient had gained some function back around the shoulder, including biceps, triceps and deltoid functioning. Dr. performed electromyography (EMG) study that revealed severe brachial plexopathy involving the posterior, lateral and medial cords. He compared the EMG findings to the previous report dated April 21, 2009, which was suggestive of early proximal reinnervation with, as physiologically expected, lag distally, specifically in the FDI and APB. Based on the findings, Dr. opined that overall pre-existing for continued recovery looked positive.

Dr. recommended continued range of motion (ROM) and strengthening exercises, and manual rehabilitation twice a week for six weeks.

On December 22, 2009, there was one documented session of iontophoresis.

On January 5, 2010, request for 20 sessions of PT was denied by the carrier. Rationale: *"The patient had undergone 12 PT sessions postoperatively indicating marked decreased function and mobility especially in the distal left upper extremity. Although it is noted that there is progress with conservative care, there are no documented objective noted improvement in upper extremity function/mobility reported in attached. Further, it is noted that the patient had brachial plexus injury, but there is no noted neuro examination/documentated treatment history/EMGs to document neurological deficits. There was no data, which could be given concerning progress with PT and the exact number of sessions. Without added data the document impairments clearly/ongoing treatment program clearly/document objective improvement obtained already postoperatively with treatment, rationale for further PT is unclear."*

On January 12, 2010, Dr. again put up a request stating the medical necessity of ongoing PT to aid the patient in the recovery of his nerve function.

On January 25, 2010, the denial was upheld with the following rationale: *"As per 1/12/10 records, the patient preoperatively developed brachial plexus palsy and underwent a left reversed total shoulder arthroplasty. The EMG showed severe brachial plexopathy involving the posterior, lateral and medial cords. The patient had attended an unknown number of PT visits. A request for additional PT sessions is made to aid the patient in the recovery of his nerve function. Per*

*Official Disability Guidelines (ODG) criteria, only 10 visits over eight weeks postsurgically were indicated.”*

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

DOCUMENTATION HAS REVEALED AN ACUTE TRAUMATIC INJURY TO THE LEFT UPPER EXTREMITY RESULTING IN SHOULDER DISLOCATION, UPPER EXTREMITY FRACTURES, AND REQUIREMENT FOR SHOULDER SURGERY DESCRIBED ABOVE. THERE IS EMG EVIDENCE OF SEVERE BRACHIAL PLEXUS INJURY WITH INJURED WORKER UNDERGOING POST SURGICAL PT WHICH SHOULD HAVE ADDRESSED THE RECOVERY FROM THE SHOULDER SURGERY ITSELF AND ALSO THE PARESIS FROM THE BRACHIAL PLEXUS INJURY. DOCUMENTATION FROM TREATING HEALTH CARE PROVIDERS DOES NOT DEMONSTRATE ADEQUATE MEASURED FUNCTIONAL ANALYSIS FROM POST SURGICAL TREATMENT THUS FAR TO SUPPORT ONGOING FORMALIZED THERAPY SESSIONS. FURTHER TREATMENT SHOULD BE GUIDED BY OBJECTIVE MEASURES OF OUTCOME FROM TREATMENT THUS FAR AND NOT SUBJECTIVE REPORTS OF BENEFIT.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**