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Notice of Independent Review Decision

DATE OF REVIEW: 3/29/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

18 Sessions left shoulder physical therapy

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

Certified by the American Board of Orthopedic Surgery

REVIEW OUTCOME

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

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	840.7	29807	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Patient letters (undated) requesting preauthorization/reconsideration for physical therapy (PT)
Denial notices dated 2/12/10, 2/22/10
MRI results 4/23/2009
Operative Report: Left shoulder Bankart reconstruction 5/12/2009
Physician notes from 3/18/09 through 2/11/10
PT notes from 11/16/09 through 1/8/10
Letter dated 3/16/10
Official Disability Guidelines cited-Criteria for admission to a Work Hardening (WH) Program

PATIENT CLINICAL HISTORY:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient sustained an injury to the left shoulder during defense training exercises when another officer pulled her arm behind her back and was taking her down to the ground**.** Initial treatment included physical therapy and medication management. MRI of the left shoulder dated 04/23/09 revealed small SLAP lesion with slight attenuation of the biceps anchor; patulous rotator cuff interval; resolution of previous humeral head contusion and mild osteoarthritis. The patient subsequently underwent left shoulder arthroscopy with anterior-inferior capsular shift and Bankart reconstruction and SLAP reconstruction on 05/12/09. The patient subsequently underwent 13 sessions of postoperative physical therapy. The first postoperative note submitted for review is dated 11/12/09. On physical examination the patient has fairly good range of motion with a little weakness and a little pain on extremes of motion. The patient was working light duty at that time. Physical therapy note dated 11/16/09 indicates that the patient's range of motion is better, but she still needs to increase her strength. On physical examination active range of motion of the shoulder is flexion 145, extension 35, abduction 90, ER 50 and IR reaching the thoracolumbar junction. Strength is rated as 4/5 in the left shoulder. Physical therapy note dated 11/25/09 indicates that treatment goals are active left shoulder flexion 155 degrees and abduction 100 degrees with strength increased to 4+ to 5/5. The patient subsequently sustained a hyperextension injury to the left wrist in physical therapy. The patient was discharged from physical therapy. Physician note dated 02/11/10 indicates that the patient still feels weak. On physical examination the patient lacks a few degrees of external rotation, which "does not bother" the treating physician noting that this is fairly normal because the capsule was tightened. 18 additional physical therapy sessions was requested.

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

In the Reviewer's opinion, and based on the clinical information provided, the request for 18 additional sessions of left shoulder physical therapy is not recommended as medically necessary. The patient underwent left shoulder arthroscopy with anterior-inferior capsular shift and Bankart reconstruction and SLAP reconstruction on 05/12/09 followed by 13 sessions of postoperative physical therapy. Progress notes dated 11/12/09 indicate that on physical examination the patient has fairly good range of motion with a little weakness and a little pain on extremes of motion. The patient was working light duty at that time. The patient was subsequently discharged from physical therapy. Medical note dated 02/11/10 indicates that the patient still feels weak. On physical examination the patient lacks only a few degrees of external rotation, which "does not bother" the treating physician noting that this is fairly normal because the capsule was tightened. Given the patient's near full range of motion lacking only a few degrees of external rotation and slight subjective weakness, there is no clear rationale provided to support ongoing physical therapy for this patient. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

Reference: ODG 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.

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 (Osteoarthrosis; 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

Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0):

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 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)**