



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

CLAIMS EVAL REVIEWER REPORT - WC

DATE OF REVIEW: 5-7-10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy x 8 sessions for the left shoulder

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

American Board of Orthopaedic Surgery-Board Certified

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

- 11-4-09 X-rays of the left shoulder.
- 12-17-09 MRI of the left shoulder.
- MD., office visits on 1-8-10, 2-9-10, and 3-3-10.
- 2-9-10, MD., the claimant complains of left shoulder pain and stiffness.
- 3-23-10 Physical therapy re-evaluation report.
- 4-5-10, DC, performed a Utilization Review.
- 4-9-10, MD., performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

X-rays of the left shoulder on 11-4-09 was normal.

12-17-09 MRI of the left shoulder showed mild supraspinatus and infraspinatus tendinopathy. No rotator cuff tear. There is severe adhesive capsulitis. There is moderate subacromial - subdeltoid bursitis.

On 1-8-10, the claimant was evaluated by Dr.. He noted the claimant's x-rays were normal. The MRI of the left shoulder showed thickening of the capsule, especially along the inferior (axillary) margin and anteriorly. The claimant had AC degenerative joint disease. There was some cuff tendinosis and bursitis. The evaluator felt the claimant had adhesive capsulitis of the left shoulder and impingement syndrome. The evaluator reported that the minor trauma can initiate the inflammatory fibrous thickening of the capsule. The evaluator recommended a trial of Medrol Dosepak. The claimant was returned to work with restrictions.

2-9-10, MD., the claimant complains of left shoulder pain and stiffness. He was injured on 1-8-10. The claimant reported he was breaking up a fight. A police officer came running into the melee with her gun belt equipment striking the patient along the inferior axillary area posteriorly and along the posterior shoulder joint. He didn't think much of it then, but by the next day while breaking up another fight, he noticed the shoulder getting stiff and starting to hurt. After that, the shoulder continued to stiffen and ache more. About two weeks later he sought treatment at ProMed. He had 6 sessions physical therapy which did not help. He remains stiff and sore with constant aching, limited range of motion. On exam, there is subacromial tenderness present. Claimant has 120 of flexion. He has pain with active flexion. Extension is full and painless. Abduction is 0-60 degrees with pain. Passive abduction 0-90 degrees. Active internal rotation 0-30 degrees, passive internal rotation 0-30 degrees, active external rotation 0-15 degrees, passive external rotation is 0-15 degrees. There is normal muscle strength. Diagnosis: Adhesive capsulitis of the left shoulder, which appears to be improving, and impingement syndrome. The claimant was started on Lodine. The claimant is to start physical therapy at ProMed. The claimant was returned to work with restrictions.

3-23-10 Physical therapy re-evaluation report. The claimant initially received physical therapy from 11-5-09 through 12-1-09, for 6 visits for a diagnosis of left shoulder sprain. Upon his final visit, per his progress note, he had range of motion which was within normal limits, but still painful at end ranges and tenderness to palpation, but no longer at the supraspinatus insertion rather more at the infraspinatus and teres minor areas. He was then evaluated by Dr. and referred again to physical therapy in February 2010 for continued rehab, which has now progressed into an adhesive capsulitis in spite of his compliance with his home exercise program. The claimant presented at that time with significant range of motion losses, pain and strength deficit. The claimant has attended physical therapy 8 times since his evaluation on 2-16-10. Treatment has consisted of heat/ice, US prn, e-stim, therapeutic exercise and manual therapy for strengthening and glenohumeral mobilization. There has been significant improvement in PROM although limitation areas are still present. AROM on 2-16-10 shows left flexion 90 degrees, abduction 80 degrees external rotation 20 degrees and internal rotation the claimant reaches to the lateral hip. AROM on 3-23-10 shows left flexion 125 degrees, abduction 120 degrees, external rotation 30 degrees, internal rotation the

claimant reaches to center of the gluteus maximum. PROM on 2-16-10 shows flexion to 100 degrees, abduction 95 degrees, external rotation 20 degrees, internal rotation is 30 degrees (at 45 deg of abd). PROM on 3-23-10 shows 140 degrees of flexion, 125 degrees if abduction, 45 degrees of external rotation, and internal rotation of 30 degrees. The evaluator reported the claimant has made substantial progress in range of motion although significant limitations remain. The evaluator recommended additional 8 visits which has also been recommended by Dr..

3-30-10, MD., the claimant feels better and has much improved range of motion. His pain has decreased substantially. His current medications include Medrol dose pack, Allegra, Advil, Lodine and Norco. The claimant was continued at work without restrictions.

On 4-5-10, , DC, performed a Utilization Review. It was his opinion that the requested services exceed Occupational Disability Guidelines level of care. No updated clinical notes are submitted with this request that would justify the additional physical therapy. Physician Advisor attempted a peer to peer phone contact on 4-5-10. Continue to deny requested services.

On 4-9-10, , MD., performed a Utilization Review. It was his opinion that this patient is almost six months post injury to his left shoulder. The PT note of 3-23-10 indicates that he completed 6 PT visits between 11-5-09 and 12-1-09. His ROM was indicated to be within functional level but there was some pain at the end range of motion and tenderness to palpation. In spite of a home exercise program, he developed adhesive capsulitis in 2/10, he has completed 8 additional therapy sessions between 2-16-10 and 3-23-10 with improvement in motion and no change in his pain. Evaluation by the orthopaedic surgeon on 3-30-10 indicated persistent pain and stiffness but with some improvement. X-rays were reported as normal. MRI (no date indicated) reportedly showed thickening of the joint capsule, degenerative joint disease at the A-C joint and some rotator cuff tendinosis. His diagnoses were adhesive capsulitis and impingement. The ODG recommended therapy allowance for adhesive capsulitis is 16 visits over 8 weeks. Physician Advisor attempted a peer to peer phone discussion with Dr. x 2

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

Claimant developed adhesive capsulitis of left shoulder following minor trauma. Medication and physical therapy has been provided with improved range of motion of the shoulder. ODG supports up to 16 physical therapy visits for the treatment of adhesive capsulitis, which the claimant has completed. There have been no extenuating circumstances to support additional physical therapy in view of the physical therapy already provided and improvements made. Therefore, the request for additional physical therapy is not reasonable or medically indicated.

ODG-TWC, last update 4-14-10 Occupational Disorders of the shoulder – physical therapy: 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)

Physical therapy

Adhesive capsulitis (IC9 726.0):

Medical treatment: 16 visits over 8 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 KNOWLEDGBASE
- 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)