

# MATUTECH, INC.

PO BOX 310069  
NEW BRAUNFELS, TX 78131  
PHONE: 800-929-9078  
FAX: 800-570-9544

---

## Notice of Independent Review Decision

**DATE OF REVIEW:** July 25, 2011

**IRO CASE #:**

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

Physical therapy 3 x week x 4 weeks with a total of 12 sessions to the right shoulder consisting of 97002, 97110, and G0283

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

Certified, American Board of Orthopaedic Surgery

**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**

- Office visits (09/29/10 – 02/03/11)
- Procedures (10/25/10, 03/21/11)
- Therapy (02/02/11 – 04/28/11)
- Diagnostics (03/02/11 – 03/24/11)
- Utilization review (06/09/11 – 07/06/11)

**Dr.**

- Diagnostics (09/25/10 – 03/24/11)
- Office visits (09/29/10 – 06/23/11)
- Procedures (10/25/10, 03/21/11)

**TDI**

- Utilization review (06/09/11 – 07/06/11)

**ODG has been utilized for the denials.**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient, male, tripped on a wire and fell onto his right arm, elbow, and shoulder on xx/xx/xx, alleging immediate pain and inability to raise his right arm overhead.

Magnetic resonance imaging (MRI) of the right shoulder was obtained which revealed full-thickness rotator cuff tear and retraction, greater tuberosity right humeral fracture, fluid in the subacromial/subdeltoid bursa and acromioclavicular (AC) arthrosis with impingement.

On September 29, 2010, M.D., noted that the patient had been treated conservatively with medications and physical therapy (PT). Examination of the shoulder showed sharp tenderness across the bicipital groove and the greater tuberosity, sharply positive impingement sign and Hawkin's sign. Range of motion (ROM) was painful and limited in all planes, especially with external rotation of the elbow at the side to only 10 degrees. Dr. diagnosed right shoulder pain related to a full-thickness tear of the rotator cuff and performed comprehensive diagnostic arthroscopy with arthroscopic subacromial decompression release of the coracoacromial ligament, and mini-open rotator cuff repair on October 25, 2010.

Postoperatively, the patient underwent 32 out of 36 sessions (11/1/10 – 2/2/11) of PT consisting of ROM exercises and home exercise program (HEP).

Two months postoperatively the patient started manifesting significant deconditioning symptoms. As there was poor progression with PT, a right shoulder arthrogram was obtained which revealed right rotator cuff re-tear.

On March 21, 2011, Dr. performed a right shoulder repeat arthroscopic subacromial decompression, with a mini-open rotator cuff revision.

As PT was helping, Dr. recommended additional PT three times a week for four weeks consisting of electrical stimulation and therapeutic exercises and functional capacity evaluation (FCE) with follow-up after one month.

Per preauthorization denial note dated June 1, 2011, the patient attended 58 out of 59 sessions (11/12/10 – 4/26/11) of PT consisting of active ROM exercises.

On June 1, 2011, D.O., denied the request for PT with the following rationale: *"The patient is status post right arthroscopic decompression, mini-arthrotomy rotator cuff repair last March 21, 2011. He also had a right shoulder arthroscopy, mini arthrotomy, rotator cuff repair last October 25, 2010. The extent of the rotator cuff rupture needs to be clarified. As per UR nurse's clinical summary, the patient had 24 postoperative PT sessions to date. Although it was mentioned that progression with exercises has been gradual because the surgery was a revision, the latest medicals did not include exceptional factors that would substantiate the additional PT sessions. The patient's pain reported in the May 26, 2011, progress report was only 2/10. He has full passive ROM and the scapulohumeral rhythm has begun to normalize. There is no evidence that the remaining deficits cannot be addressed by an HEP. The medical necessity of this request cannot be established at this point. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for the physical therapy three times a*

*week for four weeks for the right shoulder (97002, 97110, G0283) is non-certified”.*

*On July 5, 2011, M.D., denied the appeal for PT and gave the following rationale: “Records indicate that there was an adverse determination of a previous review. In acknowledgment of the previous non-certification due to lack of documentation of exceptional factors and evidence that the remaining deficits cannot be addressed by an HEP, there is now documentation that the patient’s pain reported in the May 26, 2011, progress report was only 2/10. He has full passive ROM and the scapulohumeral rhythm has begun to normalize. The patient is reported to have completed 24 post-operative PT sessions to date with functional improvement. However, there is no documentation of functional deficits and a statement identifying why an independent HEP would be insufficient to address any remaining functional deficits. Furthermore, the requested number of visits exceeds the recommendations of PT guidelines. Therefore, the medical necessity of the request has not been substantiated. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this appeal for PT thrice a week for four weeks for the right shoulder (97002, 97110, G0283) is non-certified”.*

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

The most recent orthopaedic clinical note on this male is from 6/23/11, three months after the revision cuff repair, wherein Dr. identifies that the patient is “doing OK.” There are no specific complaints documented. The only positive exam finding was tenderness (not graded) over the anterolateral acromion and the proximal biceps tendon. AROM of 140 degrees in flexion was recorded. No rationale or discussion of ODG criteria for additional PT was provided. No discussion of the PT denials was provided. No additional PT was ordered, but an FCE was recommended (probably in anticipation of ordering work conditioning instead of PT).

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

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**