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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: July/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Additional Physical Therapy / 12 visits

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Orthopedic Surgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ ] Upheld (Agree)
[X] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who is reported to have sustained injuries to his back and shoulder as a result of work related activity on xx/xx/xx. On the date of injury as he was coming down a ladder that caused him to slip and fall approximately one stair step from the floor. He subsequently had diffuse complaints involving the bilateral arms, low back, bilateral hands, bilateral hips, bilateral legs and bilateral shoulders. He is further noted to have a second date of injury that was a result of moving in bed. He attempted to
step over a bed rail, caught his foot on the rail causing him to trip and land on the floor. Records indicate that the injured employee was seen by multiple providers for his neck and back complaints. He was referred for MRI of the left shoulder on 09/09/10. This study notes a partial thickness undersurface tear of the infraspinatus at the insertion without evidence of tendon retraction or muscular atrophy. There is a posterior superior labral tear with a paralabral cyst extending into the spinal glenoid notch.

On 10/29/10 the claimant came under the care of Dr.. It is reported that the patient is employed doing. He has had injuries to left and right shoulders as well as both hands. He has history of back surgery in 2006 and 2009 and left knee surgery. On physical examination he is reported to have not much of sensory loss in right hand but dense sensory loss in median distribution on left. His wrist motion seems good, finger motion is good, thenar strength is not as good on opposite side. His median nerve in forearm has tenderness.

His cubital tunnel is very uncomfortable to percussion with no sensory loss in ulnar nerve. He has shoulder tenderness over his AC joint, not much over posterior glenohumeral joint, not much over the anterior glenohumeral joint. He is tender over biceps tendon lateral subacromial area. He has a lot of pain with resisted abduction and flexion. He does not have much pain with external or internal rotation. He has excellent biceps and triceps strength.

He has pain around AC joint. He subsequently received intraarticular injection and was referred to physical therapy. When seen in follow-up on 12/03/10 he is not indicated to have any improvement with therapy or injections.

On 01/11/11 the claimant was taken to surgery and underwent diagnostic arthroscopy of the left shoulder. He underwent open resection of distal clavicle and acromioplasty and bursectomy and a carpal tunnel release.

On 01/24/11 the claimant was seen in postoperative follow-up. He continues to wear sling. His wounds look good, sutures were removed, and numbness and tingling is much improved. He has a little bit of remaining index numbness and tingling, but the pain in his hand has already been relieved. He was instructed on passive range of motion.

On 03/07/11 the claimant was seen in follow-up for his left shoulder decompression carpal tunnel release. He is reported to be doing well. Numbness and tingling is fully resolved. He can make full fist and has very tight fingers. His range of motion is much better than it was. Shoulder is doing much better. He has 90 degrees of abduction and is still limited in external and internal rotation. The claimant subsequently was continued in physical therapy.

He was seen in follow-up on 04/18/11. He is reported to have complete improvement in his hand. He has no numbness and tingling remaining. Thenar strength is good. Shoulder is reported to be doing well. Abduction is to 135 to 140. Flexion is to about 150 or so. He is doing well. He was instructed to push his range of motion. He was allowed to begin strengthening exercises. A request for 12 additional sessions of physical therapy was submitted for review.

On 04/22/11 request for additional PT was reviewed by Dr.. The reviewer notes that the injured employee has had 24 sessions of post-operative physical therapy. He opines that the additional physical therapy is not medically necessary and makes a recommendation for the injured employee to perform a daily self directed home exercise program. A subsequent appeal review was conducted on 05/02/11 and performed by Dr. who again notes that the injured employee has undergone 24 sessions of post-operative physical therapy and that 12 additional sessions would exceed current evidence based guidelines. He notes that based upon the most recent physical therapy notes it is unclear as to why the injured employee would not be able to progress to an aggressive home exercise program.

On 06/01/11 a letter of appeal was submitted by Dr. who reports that the injured employee is status post surgery and is in the recovery phase. It is reported that the claimant had been unable to obtain therapy that is necessary to complete his recovery. He reports that without additional therapy he thinks his shoulder discomfort and tightness will continue to where if he has a reasonable amount of stretching and strengthening he can expect a return to full unrestricted activities. On physical examination on this date it is noted that his shoulder is stiffer and tighter. He's able to elevate to about 120 degrees and not quite touch the back of his head.

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

The records indicate that this patient is status post left shoulder arthroscopy, which included a subacromial decompression carpal tunnel release. He is required to work at a heavy physical demand level. He is noted to have undergone 24 sessions of post-operative physical therapy and as of 04/18/11 his abduction is noted to be 135-140 and flexion to 150. The records indicate that in the interval period the injured employee's range of motion has decreased and he is now noted to be able to elevate to only 120 degrees. He is reported to be developing significant tightening in the shoulder. Based upon the available data the reviewer finds that the Additional Physical Therapy / 12 visits is medically necessary to fully rehabilitate the injured employee's shoulder.

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)