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## Notice of Independent Review Decision

**DATE OF REVIEW:** 2/28/11

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of additional physical therapy 3 times per week for 3 weeks to the left shoulder. (97140, 97530, 97110 , G00283 and 97035)

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

### **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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of additional physical therapy 3 times per week for 3 weeks to the left shoulder. (97140, 97530, 97110, G00283 and 97035)

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: Dr. and.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: workers comp reports by Dr. 10/08/10 to 1/21/11, various DWC 73 forms, 12/17/10 note for PT, 6/10/10 left shoulder MRI report, 9/29/10 preadmit history and physical form from Health, 9/29/10 operative report, 9/29/10 discharge summary and 9/29/10 surgical pathology report.

2/2/11 denial letter, last 2 pages of a denial letter by MD, 1/14/11 preauth request form, 11/23/10 to 1/12/11 re-evaluation reports from PT, 1/26/11 reconsideration request letter, 10/22/10 eval and treat script for PT, 10/27/10 initial evaluation and plan of care by PT and 1/21/11 continue therapy script.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a claimant who is status post left shoulder arthroscopic decompression and distal clavicle excision, along with a manipulation under anesthesia. The procedure was performed for an impingement diagnosis. Despite 27 post-op PT treatment visits, the claimant has some ongoing pain and stiffness, and, has been considered for ongoing formal supervised therapy. Denial letters referenced either an illegible recent visit note from the AP or a 1/12/11 dated PT noted documenting prior improvement. AP records were reviewed, including from 1/21/11. “.full golf swing shots with only minimal discomfort” was reported. The report noted “increased” strength and “slight” motion restriction of the left shoulder, despite the claimant’s intermittent pain. Additional PT and full duty were prescribed by the AP.

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

With minimal residual intermittent symptomatic pain and minimal motion and strength deficits documented; a valid rationale has not been provided supporting as to why any remaining rehab could not be rendered exclusively within the context of a prescribed and self-administered program. The claimant has already exceeded applicable clinical ODG criteria of 24 post-op visits and has progressed quite well. Ongoing formal supervised therapy is no longer warranted as per applicable ODG criteria as noted below.

**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

**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)**