

# US Decisions Inc.

An Independent Review Organization  
9600 Great Hills Trail, Ste 150 W  
Austin, TX 78759  
Phone: (512) 782-4560  
Fax: (207) 470-1085  
Email: [manager@us-decisions.com](mailto:manager@us-decisions.com)

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/24/2011

**IRO CASE #:**

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

Physical Therapy 2xWk x 4Wks left shoulder

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

MD, Board Certified in Physical Medicine & Rehabilitation and Pain Management

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting a 5-gallon bucket and felt a pop and sharp pain in the left shoulder. MRI of the left shoulder dated 09/22/10 revealed full thickness tear of the supraspinatus tendon; prominent AC joint arthropathy; and tear of superior and anterior labrum. The patient underwent left shoulder rotator cuff repair, SLAP lesion and subacromial decompression on 11/23/10. Note dated 01/20/11 indicates that the patient has not been at therapy since the holidays. On physical examination incision has healed. He does pendulums correctly. He can externally rotate to 30 degrees, forward flex to 100 degrees passively. The patient is neurovascularly intact distally. Re-evaluation on 03/04/11 indicates that AROM/PROM left shoulder is flexion 145/156, IR 52/58, abduction 92/140, ER 45/56. Upper extremity strength is grossly 4+/5. Reevaluation dated 04/15/11 indicates that the patient's attendance has been poor. He has attended a total of 19 PT visits and missed 7 visits. On physical examination AROM/PROM is flexion 170/180, IR 50/65, abduction 150/175, ER 65/72. Impingement, sulcus and apprehension tests are negative. The patient has 4 remaining PT sessions on the current prescription.

Initial request for physical therapy 2 x wk x 4 wks left shoulder was non-certified on 04/21/11 noting that the patient's attendance has been poor. The number of requested visits on top of the previous therapy sessions is deemed in excess of the recommendation of guidelines. There are no exceptional factors noted. The denial was upheld on appeal dated 05/02/11 noting that the patient presented with functional range of motion and near normal motor strength in the left shoulder. There is no mention in the medical records why a home exercise program would not be sufficient in addressing the remaining deficits.

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

Based on the clinical information provided, the request for physical therapy 2 x wk x 4 wks left shoulder is not found by the reviewer to be medically necessary. The patient underwent surgical intervention to the left shoulder in November 2010 and has subsequently completed at least 19 sessions of postoperative physical therapy to date with 4 additional sessions remaining on the current prescription as of the latest reevaluation. The patient's attendance has been poor, and he has missed 7 visits of physical therapy. The current request exceeds evidence based recommendations, and there is no clear rationale provided to support exceeding the recommendations in the Official Disability Guidelines. There are no exceptional factors of delayed recovery documented. There is no mention in the medical records why a home exercise program would not be sufficient in addressing the remaining deficits.

**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

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)