

SENT VIA EMAIL OR FAX ON  
Apr/07/2011

## **P-IRO Inc.**

An Independent Review Organization  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**  
Apr/06/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
12 sessions (3 X a week X 4 weeks) Aqua and Physical Therapy for the left shoulder, left wrist, lumbar and cervical

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC SURGERY

#### **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**

This is a lady who fell and developed neck, low back pain, shoulder pain and wrist pain. X-rays showed some early spinal degenerative changes. There were no fractures. Dr. described her anxiety and swelling. He noted her emotional liability. He ordered light duty and therapy. The therapist noted her anxiety and guarding the areas.

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

The injury was on x/x/xx. One reviewer questioned the need for the therapy at this late date in the absence of a new physician records. Generally the IRO reviewer concurs, however, the different providers described her anxiety and pain behaviors and kinesiophobia. The IRO reviewer worries that the delay may have lead to a frozen shoulder and other chronic pain issues and that further delays may contribute to this. It sounds as if she is not appropriate for a home program and will need closer supervision than the once weekly sessions described in the ODG. ***“Patient Selection Criteria: Multiple studies have shown that patients with a high level of fear-avoidance do much better in a supervised physical therapy exercise program, and patients with low fear-avoidance do better following a self-directed exercise program.”***

### **Physical therapy (PT)**

**Recommended.** There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain.....Studies also suggest benefit from early use of aggressive physical therapy (“sports medicine model”), training in exercises for home use, and a functional restoration program, including intensive physical training, occupational therapy, and psychological support..... Because of the limited benefits of physical therapy relative to "sham" therapy (massage), it is open to question whether this treatment acts primarily physiologically, but psychological factors may contribute substantially to the benefits observed.

### **Sprains and strains of neck (ICD9 847.0):**

10 visits over 8 weeks

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

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES