

# MATUTECH, INC.

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

---

**DATE OF REVIEW:** April 3, 2012

**IRO CASE #:**

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

Eight sessions of physical therapy consisting of therapeutic exercise 97110, neuromuscular re-education 97112, manual therapy techniques 15 min. 97140 and therapeutic activities 15 min. 97530

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

Certified by the American Board of Orthopaedic Surgery  
Recertified by the American Board of Orthopaedic Surgery, 2011  
Orthopaedic Sports Medicine Subspecialty CAQ, ABOS, 2011

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**TDI:**

- Utilization reviews (01/20/12 – 02/21/12)

⋮

- Office visits (11/11/10 – 02/20/12)
- Procedures (01/03/11)
- Diagnostics (04/19/11)
- Reviews (09/28/11 – 12/09/11)
- Utilization reviews (01/20/12 – 02/21/12)

**Orthopedic Specialists :**

- Diagnostics (12/17/10 – 03/16/12)
- Office visits (08/11/11 – 03/27/12)

**Mr.:**

- MRI right shoulder (03/16/12)

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

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was loading a water pump onto a flatbed work truck with a coworker on xx/xx/xx. The coworker let go off and the water pump fell with the patient still grabbing onto it. He strained his right elbow. He did not notice the pain until next day when he had pain to the lateral aspect of his elbow while hammering.

In November 2010, M.D., noted localized tenderness to the right lateral epicondyle and pain reproduced by full elbow extension and wrist flexion/extension. Dr. diagnosed right lateral epicondylitis and injected the lateral epicondyle and common tendon area with Depo-Medrol and Marcaine. The patient was started on physical therapy (PT) with very little relief. He denied any specific shoulder symptoms.

Dr. obtained magnetic resonance imaging (MRI) of the right elbow that revealed high grade near complete tear at the origin of common extensor tendon and high-grade partial or complex tear at the origin of radial collateral ligament.

On January 3, 2011, the patient underwent repair of common extensor tendon of the right elbow. Postoperatively, he was encouraged on gentle range of motion (ROM) exercises. In February, the patient was returned to work with restrictions on hammering, repetitive gripping or lifting more than 20 lbs.

Over three months later, on March 10, 2011, the patient presented with lot of pain in the right elbow and shoulder with some irritability of shoulder motion. He lacked approximately 40 degrees of full abduction and elevation. There was subdeltoid tenderness. X-rays of the right shoulder were within normal limits. Dr. injected the subacromial space with Depo-Medrol and Marcaine which failed to provide any relief.

MRI of the right shoulder was obtained on April 19, 2011, showing mild tendinopathy in the distal fibers of the supraspinatus tendon without associated tear and mild fibrous hypertrophic changes of the acromioclavicular (AC) joint with no significant narrowing of the subacromial space.

On August 11, 2011, M.D., a shoulder specialist, examined the right shoulder and noted moderate tenderness in the biceps groove, moderate subacromial crepitus, mildly positive Neer, Hawkin's, cross-arm and O'Brien's tests, decreased muscle strength and some myofascial trigger points. Dr. diagnosed right-sided subacromial bursitis and superior glenoid labrum lesion. He recommended starting nonsteroidal antiinflammatory drugs (NSAIDs), activity restrictions, and surgery to include subacromial decompression, debridement and biceps tenodesis. The request and appeal for surgery was denied.

On September 28, 2011, M.D., performed a peer review and gave the following opinions: The extent of injury included a right lateral epicondylitis status post surgery and right shoulder strain (if the late-onset right shoulder symptoms were accepted). No additional treatment to the right shoulder symptoms would be related to the work event and the proposed surgery would not be reasonable or causally related to the work event. The effects of the xx/xx/xx, would have been expected to resolve by this time.

On October 14, 2011, M.D., performed a designated doctor evaluation (DDE) and opined that the extent of injury was medial epicondylitis and tendon involvement of the right elbow, some internal injury to the insertion of the biceps tendon and the long and short head of biceps. There was no acromioclavicular (AC) joint separation or shoulder bursitis.

In December, an independent review organization (IRO) upheld the denial of the shoulder surgery.

In January 2012, Dr. noted lateral arm pain radiating to the arm associated with stiffness, night pain and popping. Examination showed moderate tenderness of the biceps groove, moderate subacromial crepitus, mildly positive Neer's, Hawkin's, O'Brien's and cross-arm tests, decreased strength and myofascial trigger points. Dr. diagnosed uncontrolled pain in the right shoulder, uncontrolled right subacromial bursitis and uncontrolled right superior glenoid labrum lesion. He injected the right shoulder and recommended PT.

Per utilization review dated January 20, 2012, the request for eight sessions of PT with therapeutic exercise, neuromuscular re-education, manual therapy and therapeutic activities was denied with the following rationale *"At this time, a request for additional PT, codes 97140, 97112, 97530, 97110, 2 x 4 weeks (8 sessions) has been submitted for consideration based on a PT evaluation and plan of care dated January 13, 2012; however, no clinical records are provided from the treating doctor; and based on treatment to date, the requested services are not in compliance with ODG and exceed ODG recommendations. I called to speak with Dr. on January 18, 2012, at 3:58 pm and was referred to authorized agent for Dr. who advised me of the following: employee was initially seen by Dr. on August 11, 2011, and taken off work from August 11, 2011 – September 11, 2011, pending a request for surgery; WC patients are routinely seen every 4 weeks but the employee did not show up for his appointment in September 2011 and does not know why; in fact, the employee was not seen again until January 10, 2012, 5 months later, at which time the employee told Dr. that the surgery was denied because he did not have enough therapy to his shoulder; and the employee was given a RTW w/restrictions from January 10, 2012, thru February 10, 2011, with a follow-up visit scheduled for February 7, 2012. Based on the submitted information, the requested services are not in compliance with ODG; they exceed ODG recommendations for the submitted diagnoses; and there are no documented exceptional factors to warrant treatment above and beyond guidelines. Recommendation is for non-certification."*

Per reconsideration review dated February 21, 2012, the appeal for eight sessions of PT with therapeutic exercise, neuromuscular re-education, manual therapy and therapeutic activities was denied with the following rationale *"The request for eight sessions of additional physical therapy sessions for the right shoulder is not clinically indicated at this time. The claimant has undergone 16 sessions of physical therapy to date. The guidelines indicate a total of 10 visits over an eight-week period. The claimant's current physical examination findings, per the documentation reviewed, does not elicit functional deficits in range of motion or significant weakness that would indicate the need for further formal physical therapy in excess of the guidelines recommendations at this time, versus continuation of the already-instructed self-directed home exercise*

*program. The request was previously not certified on December 9, 2011, info from that denial was not provided for review at this time. No additional information has been documented.”*

In March, Dr. evaluated the patient for lateral arm pain radiating to the arm associated with night pain. Dr. assessed uncontrolled pain in right shoulder, uncontrolled right subacromial bursitis and uncontrolled right superior glenoid labrum lesion and recommended continuing medications and application of ice, home exercise program and PT.

On March 16, 2012, MRI of the right shoulder revealed ill-defined, small, focal areas of intermediate T2 signal in the supraspinatus tendon consistent with mild tendinosis, mild age-related degenerative joint disease (DJD) in the AC joint with mild adjacent reactive marrow edema in the acromion and distal clavicle, very small amount of fluid in the subacromial-subdeltoid bursa and small subcortical cyst in the greater tuberosity and small superior labral tear.

On March 27, 2012, Dr. noted ongoing anterior and lateral shoulder pain associated with stiffness, night pain and catching. He opined that the patient had failed to improve with NSAIDs, PT and injection. Examination showed moderate tenderness along the acromion, biceps groove and greater tuberosity; moderate subacromial crepitus; positive Neer's, Hawkin's, O'Brien's and cross-arm tests; decreased strength and scapulohumeral motion type 3. Dr. recommended subacromial decompression and biceps tenodesis.

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

The medical and administrative documentation reflects a complete lack of association of the shoulder symptoms to the DOI. Peer review and DDE analysis found no relatedness of the tardy shoulder symptoms to the DOI, and a request for surgery was denied twice and upheld by IRO. The request for PT at this late date does not appear to be related to the DOI, and the request does not appear to meet ODG criteria. The requesting provider did not discuss the ODG criteria supporting his request. The preauthorization reviewers appear to have appropriately recommended nonauthorization of the PT services requested, per ODG criteria. It is recommended that the adverse determinations be upheld.

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

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