

SENT VIA EMAIL OR FAX ON  
Apr/16/2012

# Applied Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Apr/16/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Post-Op Physical Therapy Left Shoulder 2 X wk X 4 wks 2-3 units per sessions;  
Neuromuscular Re-education 2 X wk X 4 wks; Manual Therapy Left Shoulder 2 X wk X 4 wks

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
Board Certified PM&R and Pain Medicine

**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**

OD Guidelines  
Cover sheet and working documents  
Utilization review determination dated 02/22/12, 03/16/12, 01/19/12, 03/29/12, 04/25/11, 03/28/11, 03/08/11, 02/24/11, 12/01/10, 12/15/09, 07/14/09, 11/11/09, 10/29/09, 10/14/09, 12/19/11, 10/19/11, 11/22/11  
Independent review organization summary dated 04/05/12  
Employer's first report of injury or illness  
Post-DD RME dated 02/20/12  
Handwritten note dated 02/22/12, 02/24/12, 07/28/09, 10/06/09, 03/02/11, 10/13/11, 06/06/11, 01/31/11, 08/13/10, 07/12/10, 06/07/10, 05/05/10, 04/05/10, 03/10/10, 02/03/10, 01/06/10, 09/28/09, 09/05/09, 08/17/09, 08/16/09, 08/10/09, 08/05/09, 08/03/09, 07/22/09, 07/20/09, 07/18/09, 07/15/09, 07/13/09, 07/06/09, 06/29/09, 06/26/09, 11/02/11  
Daily note dated 05/05/10, 12/29/11, 01/24/12, 01/27/12, 02/07/12, 02/09/12  
Plan of care dated 01/13/12, 11/21/11, 02/14/12, 10/17/11, 10/31/11, 11/21/11  
Progress note dated 10/21/11, 10/31/11

Impairment rating dated 07/18/11  
MR arthrogram left shoulder dated 10/13/09  
Request for reconsideration dated 03/09/12  
Decision and order dated 03/07/12  
PPE dated 03/26/12, 08/26/09  
Functional capacity evaluation dated 12/02/09  
Attorney letter dated 04/04/12, 03/29/12, 07/21/11, 07/06/11, 03/16/11, 10/13/10, 08/13/10, 07/13/10, 06/11/10, 06/09/10, 05/05/10, 04/06/10, 03/31/10, 03/30/10, 02/08/10, 01/06/10, 01/05/09  
Patient profile dated 10/13/11  
job offer dated 06/27/09  
Notice of disputed issues and refusal to pay benefits dated 07/10/09, 08/18/09  
Office visit note dated 06/20/09, 06/26/09, 08/07/09, 08/28/09, 09/22/09, 09/29/09, 10/06/09, 10/15/09, 11/12/09, 12/09/09, 01/11/10, 04/06/10, 04/27/10, 06/01/10, 08/30/10, 11/22/10, 02/22/11, 08/09/11, 10/04/11, 10/13/11, 10/24/11, 11/17/11, 11/23/11, 01/05/12, 02/08/10, 12/08/11, 01/19/12, 02/02/12, 02/16/12  
Phone note dated 02/17/12, 02/20/12, 10/31/11  
Letter of clarification dated 01/06/12  
Addendum dated 01/10/12  
Re-evaluation dated 01/13/12, 02/14/12, 10/31/11  
Initial evaluation dated 10/17/11  
Designated doctor evaluation dated 09/13/11  
Initial interview dated 03/08/11  
Laboratory report dated 08/30/10, 10/24/11  
RME dated 05/04/10  
CMT/ROM testing dated 09/02/09, 12/02/09  
Peer review dated 08/12/09  
Radiographic report dated 07/01/09, 09/02/09, 10/13/11  
Operative note dated 09/03/09, 11/11/11  
MRI left shoulder dated 07/08/09

#### **PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was picking up an air conditioner and twisted her left arm. She complained of pain from her left shoulder down throughout her arm. Peer review dated 08/12/09 indicates that the structural damage produced was a small full thickness rotator cuff tear. The patient underwent open rotator cuff repair, partial AC resection and CA ligament release of the left shoulder on 09/03/09. RME dated 05/04/10 indicates that the patient has not been performing her home exercise program and has been placing her left arm in a sling sometimes for multiple hours per day, and that is clearly likely to negatively impact her rehabilitation potential after surgery. Impairment rating dated 07/18/11 indicates that assessment is rotator cuff syndrome, frozen shoulder syndrome and myospasms. The patient was determined to have reached MMI as of this date with 16% whole person impairment. Designated doctor evaluation dated 09/13/11 indicates that diagnosis is left shoulder strain/sprain; rotator cuff tear, left shoulder. The patient was determined to have reached MMI as of 07/18/11 with 6% whole person impairment. The patient subsequently underwent left shoulder arthroscopy with removal of suture foreign bodies, repair of rotator cuff tendon and suprascapular nerve block on 11/11/11. Re-evaluation dated 02/14/12 indicates that the patient has completed 26 postoperative physical therapy visits to date. On physical examination strength is rated as +3/5 throughout the shoulder. Range of motion is flexion 155, abduction 153, external rotation 73 degrees. Post-DD RME dated 02/20/12 indicates that the patient states she is no better after the second shoulder surgery either. She states that she actually feels worse as far as movement of her left shoulder is concerned. The patient should have been assigned 14% whole person impairment. PPE dated 03/26/12 indicates that the patient's current PDL is sedentary and required PDL is medium.

The initial request was non-certified on 02/22/12 noting that per telephonic consultation with Dr. , he stated that he feels the patient has reached a plateau in treatment. He felt that the claimant has been provided an adequate course of treatment with limited progress. He stated

that he had nothing else to offer the claimant and from his standpoint the claimant essentially discharged from his care. The denial was upheld on appeal dated 03/16/12 noting that no new clinical information was provided, and prior review documented plateau.

**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 post op physical therapy left shoulder 2 x wk x 4 wks 2-3 units per sessions; neuromuscular reeducation 2 x wk x 4 wks; manual therapy left shoulder 2 x wk x 4 wks is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent left shoulder arthroscopic rotator cuff repair on 11/11/11 and has completed 26 postoperative physical therapy visits to date. The Official Disability Guidelines support up to 24 visits for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. Per initial denial, the patient's operating doctor feels that the patient has reached a plateau in treatment and has been provided an adequate course of treatment with limited progress. The patient's compliance with an active home exercise program is not documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

**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)