

CASEREVIEW

**8017 Sitka Street
Fort Worth, TX 76137
Phone: 817-226-6328
Fax: 817-612-6558**

Notice of Independent Review Decision

[Date notice sent to all parties]: December 9, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 Additional Post Op Physical Therapy Visits for the Right Shoulder

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

This reviewer is Board Certified Chiropractor with over 17 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

12/02/11: MRI Right Shoulder
04/10/12: Designated Doctor Exam
06/13/12: Follow-up Evaluation
06/28/12: Operative Report by
06/29/12: Physical Rehabilitation Evaluation
07/02/12: Daily Rehabilitation Note
07/03/12: Follow-up Evaluation
07/03/12: Daily Rehabilitation
07/05/12: Daily Rehabilitation
07/09/12: Daily Rehabilitation

07/11/12: Daily Rehabilitation Note
07/12/12: Daily Rehabilitation Note
07/16/12: Daily Rehabilitation Note
07/18/12: Daily Rehabilitation Note
07/19/12: Daily Rehabilitation Note
07/23/12: Daily Rehabilitation Note
07/03/12: Follow-up Evaluation
07/30/12: Daily Rehabilitation Note by xxxx, DC
08/01/12: Daily Rehabilitation Note
08/07/12: Daily Rehabilitation Note
08/08/12: Daily Rehabilitation Note
08/09/12: Daily Rehabilitation Note
08/13/12: Daily Rehabilitation Note
08/15/12: Daily Rehabilitation Note
08/16/12: Daily Rehabilitation Note
08/20/12: Daily Rehabilitation Note
08/21/12: Follow-up Evaluation
08/23/12: Daily Rehabilitation Note
09/11/12: Daily Rehabilitation Note
09/13/12: Daily Rehabilitation Note
09/17/12: UR performed
09/20/12: Follow-up Evaluation
11/02/12: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured when she was unhitching a trailer from an 18 wheeler. She was having difficulty with the pin and in the process felt pain and heard a popping sensation in her right shoulder. She underwent physical therapist, MRI, and was evaluated by an orthopedist who recommended surgery. She also underwent a lidocaine injection which gave her short-term relief.

On xxxxxx, MRI of the Right Shoulder, Impression: 1. Minimal low grade bursal surface supraspinatus tendon tear, as well as supraspinatus/infraspinatus tendinopathy as described. 2. Posterior glenoid labrum degenerative fraying. 3. Mild right AC joint hypertrophic degenerative changes and lateral sloping of the acromion.

On June 13, 2012, the claimant had a follow-up evaluation for her chronic right shoulder pain. On physical examination she had positive impingement sign. Positive cross-arm impingement sign. Rotator cuff muscle strength was 5-/5 in the supraspinatus and 5/5 in the external rotators and subscapularis. She had full ROM, but tight posterior capsule. Assessment: Right shoulder impingement syndrome with aggravation of preexisting AC joint arthrosis. There is possibility of a labral tear as well as partial rotator cuff tear. Plan: Recommend arthroscopic evaluation with A-SAD/DCR and possible RCR.

On June 28, 2012, Operative Report. Postoperative Diagnosis: 1. Impingement syndrome, right shoulder. 2. Acromioclavicular joint degenerative joint disease, right shoulder. 3. Bursal-sided rotator cuff tear (5%), right shoulder. 4. Superior labrum anterior and posterior type 1 lesion, right shoulder. 5. Chronic subacromial bursitis. Procedures: 1. Diagnostic arthroscopy, right shoulder. 2. Arthroscopic subacromial decompression, right shoulder. 3. Arthroscopic distal clavicle resection, right shoulder. 4. Arthroscopic debridement of SLAP type 1 lesion, right shoulder. 5. Arthroscopic debridement of 5% bursal-sided rotator cuff tear, right shoulder.

On June 29, 2012, the claimant underwent a physical rehabilitation evaluation by DC. Her pain was rated a 6/10 and described as sharp and stabbing. The following treatment plan was proposed: Joint mobilization procedures to improve joint flexibility of the affected areas, active assisted ROM exercises to increase ROM of the shoulder, upper extremity rehabilitation and strengthening, Russian electrical stimulation to assist in re-activation and reduce atrophy of muscles, home exercise instruction.

On July 3, 2012, the claimant was re-evaluated by MD who reported overall she was doing well. On physical exam her passive motion of the shoulder was excellent. She was neurologically intact. There was mild pitting edema of both feet and she did have bilateral subconjunctival hemorrhages involving only the inferolateral portion of the eyes. Plan: Continue with PT and call PCP for evaluation to check her blood pressure if symptoms persist.

On July 24, 2012, the claimant was re-evaluated by MD who reported on physical examination she had excellent motion of the right shoulder, mild tenderness at extremes, and muscle strength of 5/5. Plan: Complete PT.

On August 21, 2012, the claimant was re-evaluated by MD who reported she was progressing steadily, but slowly. She reported her pain had improved, but she still had mild discomfort in her trapezius. On physical examination she had full active ROM, but it was slow. Muscle strength was 5/5. No impingement sign. No cross-arm impingement sign. Plan: To increase the general conditioning of her shoulder through Thera-Bands and periscapular musculature.

On September 13, 2012, the claimant had her last PT session. Her pain was reported to be 7/10 with primary signs and symptoms present 26% to 50% of the day. Her pain was described as aching. Shoulder ROM was found to be: IR 70 degrees, Abduction 165 degrees, Flexion 165 degrees, and ER 75 degrees. Assessment: She has improved in terms of ROM and strength. She still has some functional deficits that prevent her from functioning at her prior work-demand level. Obesity, age, and being diabetic are complicating factors for her progress. She would benefit from additional treatment. Plan of Care: Upper extremity rehabilitation and strengthening, Joint mobilization procedures to increase shoulder ROM, Home exercise instruction, Posture Education, Russian electrical stimulation to assist in re-activation and reduce atrophy of muscles.

On September 17, 2012, xxxx, DC performed a UR. Rationale for Denial: Relative to protracted treatment, obesity should not be a significant factor for shoulder rehabilitation as it is non-weight bearing. Concerning age, 45 years is likewise not considered a significant extenuating circumstance for healing. However, depending on level of diabetes, that may be a factor. Regardless, the claimant exhibits only very mild ROM limitations that should return with usage and an independent exercise program. Likewise, as there are no noted orthopedic tests or motor deficits, it is presumed these are normal and 12 additional therapy sessions are not clearly supported. Finally, the nature of the SAD procedure itself typically results in deep aching soreness as the bone remodels and simply takes time, use and natural healing to resolve. Even so, the claimant's pain level is higher now at 7/10 than on 7/2/12 at 6/10. Given such, an updated orthopedic evaluation may be prudent before deeming additional P.T. medically necessary.

On September 20, 2012, the claimant was re-evaluated by MD who reported she was 3 months post-op and still had mild discomfort. On physical examination she had excellent motion of the right shoulder. She had mild impingement sign. Rotator cuff muscle strength was 5/5 and no instability. Assessment: 3 months s/p a right shoulder A-SAD/DCR, doing well. Plan: Dr. released her; she should follow up with Dr. and work restrictions per Dr..

On November 2, 2012, DC performed a UR. Rationale for Denial: The claimant has completed 32 postoperative rehabilitation treatments for her June 2012 shoulder surgery. The last clinical update was dated 9/13/12 which was 6 weeks ago and therefore not clinically significant or supportive of the current requires for an additional 12 treatments. Clinical update on 9/13/12 noted tenderness, IR 70, Abduction 165, flexion 165, ER 75. No orthopedic tests or strength deficits are noted. ODG guidelines allow for up to 24 postoperative treatments for the diagnosis of rotator cuff syndrome.

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

The previous adverse determinations are upheld. The claimant completed rehabilitation, and exceeded the number of visits per the ODG guidelines (over 24 postoperative treatments for the diagnosis of rotator cuff syndrome). Dr. re-evaluated the claimant and notated good muscle strength and range of motion in the shoulder, and released her from care on September 20, 2012. There is no evidence of medical necessity of further treatment to the right shoulder. Therefore, the 12 Additional Post Op Physical Therapy Visits for the Right Shoulder is not medically necessary.

PER ODG:

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

Superior glenoid labrum lesion (ICD9 840.7)

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment (labral repair/SLAP lesion): 24 visits over 14 weeks

Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9)

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks

Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0):

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 visits over 10 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)**