



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 1-13-12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy, 2 x a week for 2 weeks 97110

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

American Board of Orthopaedic Surgery-Board Certified

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 10-5-11 DO., office visit.
- 11-2-11 DO., office visit.
- 12-1-11 DO., office visit.
- 12-2-11 physical therapy visit # 26.
- 12-6-11 UR performed by MD.
- 12-19-11 UR performed by MD.

PATIENT CLINICAL HISTORY [SUMMARY]:

10-5-11 DO., the claimant is status post rotator cuff repair on 09/22/11. He is in physical therapy and he is doing well. He has had no significant problems. Physical Examination: On today's exam, his wound was inspected. His staples were removed. Impression: Status post rotator cuff repair. Recommendations: He is to continue physical therapy. He is to be off of work at this time. He is to return in four weeks with x-ray at the next visit. DWC-73: The claimant was continued off work.

11-2-11, DO., the claimant is approximately 5 1/2 weeks post rotator cuff repair of the left shoulder with acromioplasty and Mumford procedure. Physical Examination: Exam today shows that his incision is intact. There is no sign of infection or inflammation. He has improving range of motion. There is a moderate amount of discomfort. Clinical, Laboratory and X-Ray: X-Rays are satisfactory. Impression: Post rotator cuff repair. Recommendations: He is to continue physical therapy. He is to be off of work at this time. He was given a renewal for Norco 7.5 mg #30. He is to return to the clinic in four weeks. DWC-73: The claimant was continued off work.

12-1-11 DO., hand written note - the claimant is seen for follow-up of the left shoulder. Surgery on 9-22-11. The claimant is progressing well with therapy. He is still sore. Plan: RTC in four weeks, physical therapy, Norco 7.5 mg. The claimant is continued off work through 2-1-12.

12-2-11 Physical therapy visit # 26. The claimant reports no change in his status since last therapy sessions. The claimant report he is off work due to medal restrictions. The claimant is to complete therapy as ordered by medical provider.

12-6-11 UR performed by MD., notes this is an adverse determination. Per the physician advisor the requested services have been denied as not medically necessary and appropriate. 12/05/2011 @ 2:55pm CST Call to Dr. but there office has not seen him since August 30, 2010 in discussion with, nurse acting as designee for Dr., not present at Clinic. 12/05/2011 3:50pm CST Spoke with PT person working with claimant on case. Mr. PT states that goals have been reached far strength, endurance, and ROM and flexibility post-op surgery from 09/2011 for rotator cuff tear. Claimant is the one who feels he needs more strength to return to his job of heavy lifting. No medical justification for more physical therapy.

12-19-11 UR performed by MD., notes this is an adverse determination. Per the physician advisor the requested services have been denied as not medically necessary and appropriate. He left my call back number and peer to peer times with at Dr. office on 12/13/11 at 11:30. Made another call on 12/13/11 at 3:55. Spoke to Lupe who said Dr. was given the file, however there was no call back by 10:00 am on 12/14/11. This is now nearly four months post injury. There was a rotator cuff repair on 9/22/11. The duration of formal therapy to date was not discussed, nor was there any report of the active or passive ROM. Further records are needed.

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

THIS IS NEARLY FOUR MONTHS POST ROTATOR CUFF REPAIR AND DECOMPRESSION WITH PARTIAL CLAVICLE EXCISION, ON 9/22/11. THE DURATION OF FORMAL THERAPY TO DATE WAS NOT PROVIDED, NOR WAS THERE ANY REPORT OF THE ACTIVE OR PASSIVE ROM. IT APPEARS THAT THERE WERE AT LEAST 26 VISITS PROVIDED POST-OP. A VALID RATIONALE SUPPORTING ONGOING FORMAL SUPERVISED THERAPY HAS NOT BEEN PROVIDED. THE CLAIMANT WOULD LIKELY BE ABLE TO TRANSITION INTO A PRESCRIBED AND SELF-ADMINISTERED PROGRAM. IN ADDITION, APPLICABLE ODG GUIDELINES SUPPORT UP TO 24 VISITS POST-OP, WHICH HAVE BEEN REPORTEDLY EXCEEDED. THEREFORE, BASED ON THE RECORDS PROVIDED, THE REQUEST FOR PHYSICAL THERAPY, 2 X A WEEK FOR 2 WEEKS 97110 IS NOT REASONABLE OR MEDICALLY NECESSARY.

ODG-TWC, last update 12-23-11 Occupational Disorders of the Shoulder - physical therapy: 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

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

Fracture of clavicle (ICD9 810):

8 visits over 10 weeks

Fracture of humerus (ICD9 812):

Medical treatment: 18 visits over 12 weeks

Post-surgical treatment: 24 visits over 14 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)