

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy X 10 visits at 12 units each visit

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

Anesthesiology/Pain Management

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
Request for IRO 06/05/12
Utilization review determination 05/14/12
Utilization review determination 06/01/12
Peer review Dr. 02/17/12
Clinical records Dr. 04/25/12-05/18/12
Functional capacity evaluation 05/04/12

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained an injury to his shoulder as a result of lifting on xx/xx/xx. The claimant was taken to surgery and underwent a rotator cuff repair on 12/21/11. Records from Dr. indicate that the claimant completed 24 sessions of physical therapy but has not recovered full range of motion. On physical examination dated 04/25/12 he is reported to have moderate loss of range of motion in the left shoulder with positive impingement sign, rotator cuff weakness, graded 4/5 throughout, and tenderness over the portal sites but no significant tenderness over the bicipital groove.

The claimant was referred for work up for participation in a tertiary level program. He was identified as having a GAF of 55 minimal depressive symptomatology. He was subsequently recommended to participate in a stay at work approach managed by the PRIDE program. It was reported that this treatment and this level of treatment are similar to a work conditioning program/work-hardening program but provided more efficiently in fewer hours/days and total visits of treatment. The record includes a functional capacity evaluation dated 05/04/12. The claimant is reported to have tightness and tenderness over the shoulder joint and nagging pain. The claimant is reported to require heavy physical demand level and he appears to be

at a sedentary to light level. Range of motion of the left shoulder in flexion was 88 degrees. Extension was 28. Abduction was 88. Adduction was 38. Internal rotation was 43. External rotation was 55. He is noted to have a 10-degree extension contracture of the left elbow. There are notable limitations in right shoulder range of motion which is the unaffected side.

The initial request was reviewed on 05/14/12. The reviewer notes that if the claimant requires a work conditioning program then work conditioning with the correct CPT should be submitted. He notes that the request is essentially for a work conditioning program. However, incorrect CPT codes are being submitted.

An appeal request was reviewed on 06/01/12. The reviewer non-certified the request noting that the information provided does not support exceeding the guides. Subsequently, he non-certified the request. A peer-to-peer consultation occurred with Dr..

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

The request for physical therapy times 10 visits at 12 units each visit is not supported as medically necessary. The submitted clinical records indicate that the claimant sustained an injury to the shoulder that ultimately resulted in surgical intervention. Post-operatively the claimant is noted to have had a poor outcome and continues to have complaints of pain. Pertinent to the discussion is that the request is for physical therapy. The claimant has already completed 24 sessions of post-operative physical therapy and based upon the functional capacity evaluation has achieved no substantive benefit. It would be noted that the claimant has significant limitations in the left shoulder of 88 degrees flexion, 88 degrees abduction, 43 degrees internal rotation, and 55 degrees external rotation, suggestive of an adhesive capsulitis. As such, the claimant would be a candidate for further surgical interventions and a restorative program of physical therapy would not be supported. There is no indication from the functional capacity evaluation that the claimant received benefit from prior therapy and additional physical therapy is unlikely to improve his range of motion and result in return to gainful employment. The record provides no compelling data to establish or to support a recommendation for exceeding the evidence based treatment recommendations of 24 post-operative sessions of physical therapy. Therefore, the prior utilization review determinations are upheld.

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