CASEREVIEW

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Notice of Independent Review Decision

DATE OF REVIEW: May 29, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

8 physical therapy visits over 4 weeks for the right shoulder using 97110, 97530, 97001, 97112, 97140, 97032, 97035, and 97033.

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

This physician is a Board Certified Physical Medicine and Rehabilitation physician with over 16 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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

08/31/11: Evaluation by DO with Clinic

09/06/11: Follow-up Evaluation by MD with Clinic
09/13/11: Follow-up Evaluation by MD with Clinic
12/06/11: MRI Right Shoulder interpreted by MD
12/21/11: Report of Medical Evaluation by MD
01/09/12: Follow-up Evaluation by MD with Clinic
04/12/12: Physical Therapy Evaluation by PT with Your Personal Best
04/18/12: UR performed by MD
05/01/12: UR performed by MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx. The claimant worked for xxxx. He was fueling an airplane which required walking under the aircraft, bending over, and reaching up over his head to attach a large fuel hose to the airplane. While hooking up the fuel hose on the bottom of the aircraft, he strained his right shoulder. He continued to work with shoulder pain taking over the counter medication at home and reported the accident to his supervisor but was not sent for medical care. Later on xx/xx/xx, he was climbing out of an 18 wheeler truck and while trying to hang on with his injured right shoulder, he felt a sharp pain causing him to lose his grasp and fall out of the truck, injuring his left knee and scraping his shin.

On August 31, 2011, the claimant was evaluated by DO for right shoulder pain. On physical examination he had intact motor/sensory, no neck pain, spurlings was negative bilaterally and FROM neck. FROM right shoulder with pain noted in full flexion and IR especially. 5/5 bilateral RC muscles. Neers and Hawkins were positive on the right. Plan: Attempt conservative treatment with ice, rest and anit-inflammatories. If symptoms did not significantly improve, then a shoulder steroid injection was recommended. He was placed on work restrictions.

On September 6, 2011, the claimant was evaluated by MD who reported the claimant felt much better and near back to baseline. The claimant denied right shoulder discomfort or left knee pain and wanted to resume unrestricted duty. On physical exam there was no edema or erythema. No point tenderness. FROM without discomfort. Diagnosis: Right shoulder strain, resolving. Plan: Continue work restrictions.

On September 13, 2011, the claimant was re-evaluated by MD who reported the claimant was having more shoulder discomfort particularly at night. He could not identify any specific movements that precipitated the discomfort. On physical exam there was pain noted on elevation beyond 135 degrees. Plan: MRI of the right shoulder. Continue work restrictions. Continue Meloxicam.

On December 6, 2011, MRI Right Shoulder, Impression: 1. Degenerative ill defined tear involving the anterior midline labrum with more defined tear involving the superior aspect of the posterior labrum. There may be degenerative tearing of the superior midline labrum as well. 2. Intrasubstance tearing involving the

anterior supraspinatus insertion which may minimally extend to its bursal surface. 3. Mild tendinopathy throughout the shoulder. 4. Mild degenerative changes of the glenohumeral joint and moderate degenerative changes to the acromioclavicular joint.

On December 21, 2011, the claimant was evaluated by MD, a designated doctor. On physical exam of the right shoulder, Dr. found decreased range of motion in flexion and abduction, as well as internal rotation. He had decreased muscle strength at 4/5 in all planes. No sensory loss or reported tingling or numbness and no muscle atrophy was noted in the biceps or triceps muscles. Patient reported no pain on palpation and only slight tenderness in the deltoid area. No swelling or joint effusion and no crepitation was noted. Dr. opined that the claimant could return to work at a Light Work Level. Dr. also opined that the injury sustained on xx/xx/xx was limited to right shoulder strain and labrum tear only.

On January 9, 2012, the claimant was re-evaluated by MD who reported the claimant had seen an orthopedist and was pending physical therapy visits. Diagnosis: Right rotator cuff tear.

On April 12, 2012, the claimant was evaluated by PT who reported his current pain was rated 7/10. Pain was located in the lateral right shoulder and pain was described as occasionally sharp with activity and nearly constant dull aching. Pain increased with all use of the RUE. Strength: Right shoulder flex: 4/5, ABD 3+/5 & painful, upper trap: 4/5, mid & lower trap 3-/5, serratus 2+/5 (winging), infraspinatus/teres minor: 3+/5, subscapularis 2+/5. All other BUE grossly => 4/5. ROM: Shoulder flexion: R=149, L=142, ABD: R=105 L=122, ER: R18, L+68, IR R=27, L=25. Assessment: The claimant presents with signs and symptoms consistent with his diagnosis of right shoulder RC tear as well as impingement syndrome. The patient is an excellent candidate for physical therapy. He presents with impairments in strength & ROM as well as scapular dyskinesia & a postural dysfunction. He will benefit from 2-3 months skilled PT to address impairments for improvement in function and decrease in pain. Clinical goals: Home Exercises: Patient will demonstrate good recall of home exercise program. Manual Muscle Test: RUE & scapular stabilizers => 4/5 in all myotomes to improve functional use of the RUE. Range of Motion: Rt shoulder flexion => 160, ABD => 150, IR => 45 & ER => 45 to improve use of RUE for ADL's. Tenderness: Eliminate all described tenderness. Functional Goals: Lifting Capacity Floor to Overhead: Over 25 lbs. Overhead Activity Tolerance: Able to use upper extremities overhead 5 min or longer without significant pain. Repetitive Upper Extremity Activity Tolerance: Able to perform repetitive tasks without significant pain. Plan of Care: Duration: Four weeks. Frequency: Twice weekly. Treatment Procedures: manual therapy, neuromuscular re-education, therapeutic exercise, therapeutic activity, modalities prn.

On April 18, 2012, MD performed a UR on the claimant. Rationale for Denial: There is insufficient documentation to indicate what conservative treatment measures were initiated to include medication, home exercise program or activity

modification or efficacy of such treatments. Additionally, Official Disability Guidelines state generally there would be no more than 4 modalities per visit, allowing the physical therapist to focus on those treatments where there is evidence of functional improvement. Furthermore, guidelines recommend active versus passive treatment modalities, as active are associated with substantially better clinical outcomes. Given the above information, the request for 8 physical therapy visits over 4 weeks for the right shoulder using #97110, #97530, #97001, #97112, #97140, #97032, #97035, and #970133 is not medically necessary.

On May 1, 2012, , MD performed a UR on the claimant. Rationale for Denial: The documentation provided does indicate functional deficits the patient is currently having to include decreased strength, decreased range of motion and increased pain. However, there was insufficient documentation to indicate what prior conservative treatments have been initiated to include medication therapy, home exercise program, activity modification or hot/cold packs or efficacy in terms of reducing patient's pain and increasing function. Additionally, guidelines state there should generally be no more than 4 modalities per visit as that allows the physical therapist to focus on those treatments where there is evidence of functional improvement and this request is for 8 modalities. Furthermore, guidelines state active versus passive treatment modalities are associated with substantially better clinical outcomes and this request involves passive treatment modalities. Given the above information, the request for 8 physical therapy visits over 4 weeks for the right shoulder using #97110, #97530, #97001, #97112, #97140, #97032, #97035, and #970133 is not supported at this time and is therefore, not medically necessary.

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

Decision to deny 8 physical therapy visits over 4 weeks for the right shoulder using 97110, 97530, 97001, 97112, 97140, 97032, 97035, and 97033.
is upheld/agreed upon since ODG criteria are not met. ODG Preface recommends progressing from passive to active therapy and no more than 4 procedural units per usual 45-60 minute session. Also, ODG Shoulder Chapter does not recommend requested passive services of electrical stimulation (97032), Iontophoresis (97033), and Ultrasound (97035) (except for calcific tendinopathy).

Per ODG:

Physical therapy	Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Use of a home pulley system for stretching and strengthening should be recommended. (Thomas, 2001) For rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. For rotator cuff pain with an intact tendon, a trial of 3 to 6 months of conservative therapy is reasonable before orthopaedic referral. Patients with small tears of the rotator cuff

	may be referred to an orthopaedist after 6 to 12 weeks of conservative treatment. The mainstays of treatment for instability of the glenohumeral joint are modification of physical activity and an aggressive strengthening program. Osteoarthritis of the glenohumeral joint usually responds to analgesics and injections into the glenohumeral joint. However, aggressive physical therapy can actually exacerbate this condition because of a high incidence of joint incongruity. (Burbank, 2008) (Burbank2, 2008) *Impingement syndrome*: For impingement syndrome significant results were found in pain reduction and isodynamic strength. (Bang, 2000) (Verhagen-Cochrane, 2004) (Michener, 2004) Self-training may be as effective as physical therapist-supervised rehabilitation of the shoulder in post-surgical treatment of patients treated with arthroscopic subacromial decompression. (Anderson, 1999) A recent structured review of physical rehabilitation techniques for patients with subacromial impingement syndrome found that therapeutic exercise was the most widely studied form of physical intervention and demonstrated short-term and long-term effectiveness for decreasing pain and reducing functional loss. Upper quarter joint mobilizations in combination with therapeutic exercise were more effective than exercise alone. Laser therapy is an effective single intervention when compared with placebo treatments, but adding laser treatment to therapeutic exercise did not improve treatment efficacy. The limited data available do not support the use of ultrasound as an effective treatment for reducing pain or functional loss. Two studies evaluating the effectiveness of acupuncture produced equivocal results. (Sauers, 2005) *Rotator cuff*: There is poor data from non-controlled open studies favoring conservative interventions for rotator cuff tears, but this still needs to be proved. Considering these interventions are less invasive and less expensive than the surgical approach, they could be the first choice for the rotator cuff tears, until we have better and more reliable results from clinical trials. (Ejnisman-Cochrane, 2004) External rotator cuff strengthening is recommended because an imbalance between the relatively overstrengthened internal rotators and relatively weakened external rotators could cause damage to the shoulder and elbow, resulting in injury. (Byram, 2009) *Adhesive capsulitis*: For adhesive capsulitis, injection of corticosteroid combined with a simple home exercise program is effective in improving shoulder pain and disability in patients. Adding supervised physical therapy provides faster improvement in shoulder range of motion. When used alone, supervised physical therapy is of limited efficacy in the management of adhesive capsulitis. (Carette, 2003) Physical therapy following arthrographic joint distension for adhesive capsulitis provided no additional benefits in terms of pain, function, or quality of life but resulted in sustained greater active range of shoulder movement and participant-perceived improvement up to 6 months. (Buchbinder, 2007) Use of the Shoulder Dynasplint System (Dynasplint Systems, Inc., Severna Park, MD) may be an effective adjunct "home therapy" for adhesive capsulitis, combined with PT. (Gaspar, 2009) *Active Treatment versus Passive Modalities*: See the Low Back Chapter for more information. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530). Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasonography, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapy providers available for referral. See also more specific listings: Activity restrictions; Acupuncture; Bipolar interferential electrotherapy; Biofeedback; Biopsychosocial rehab; Cold lasers;

	Cold packs; Continuous-flow cryotherapy; Continuous passive motion (CPM); Cutaneous laser treatment; Deep friction massage; Diathermy; Dynasplint system; Electrical stimulation; Ergonomic interventions; ERMI Flexionater®/ Extensionater®; Exercises; Flexionators (extensionators); Graston instrument assisted technique (manual therapy); Ice packs; Interferential current stimulation (ICS); Iontophoresis; Kinesio tape (KT); Low level laser therapy (LLLT); Manipulation; Massage; Mechanical traction; Neuromuscular electrical stimulation (NMES devices); Occupational therapy; Polar care (cold therapy unit); Range of motion; Return to work; Static progressive stretch (SPS) therapy; TENS (transcutaneous electrical nerve stimulation); Thermotherapy; Ultrasound, therapeutic; Work; Work conditioning, work hardening. **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 (Osteoarthrosis; 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 scapula** (ICD9 811): 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

Electrical stimulation	Not recommended. For several physical therapy interventions and indications (eg, thermotherapy, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy. (Philadelphia, 2001) See also more specific entries for TENS (transcutaneous electrical nerve stimulation) &

	Neuromuscular electrical stimulation (NMES devices).

Iontophoresis	Not recommended. Iontophoresis has been tested for calcifying tendinitis of the shoulder and found to be ineffective, and there is no evidence showing effectiveness for other shoulder conditions. (Thomas, 2006) This randomized control trial of iontophoresis and ultrasound for the treatment of calcifying tendinitis of the shoulder found no significant difference between groups for any of the variables measured. (Perron, 1997) Despite a trend toward greater improvement in the Shoulder Pain and Disability Index score in the treatment group, the use of iontophoresis and physical therapy for the treatment of calcifying tendinitis did not result in better clinical and radiologic effects than those observed in subjects treated by physical therapy alone. (Leduc, 2003)

Ultrasound, therapeutic	Recommended as indicated below. The evidence on therapeutic ultrasound for shoulder problems is mixed. (Philadelphia, 2001) Ultrasound provided clinically important pain relief relative to controls for patients with calcific tendonitis of the shoulder in the short term. (Ebenbichler-NEJM, 1999) But the evidence does not support use of ultrasound for other conditions of the shoulder. (van der Heijden, 1999) (van der Windt, 1999) (Kurtais, 2004) Both ultrasound and pulsed electromagnetic field therapy resulted in improvement compared to placebo in pain in calcific tendinitis. There is no evidence of the effect of ultrasound in generalized shoulder pain (mixed diagnosis), adhesive capsulitis or rotator cuff tendinitis. When compared to exercises, ultrasound is of no additional benefit over and above exercise alone. (Green-Cochrane, 2003) (Michener, 2004) The results of this trial suggest that acupuncture is more efficacious than ultrasound when applied in addition to home exercises. Both groups improved, but the acupuncture group had a larger improvement in the combined score. (Johansson, 2005) This randomized control trial of iontophoresis and ultrasound for the treatment of calcifying tendinitis of the shoulder found no significant difference between groups for any of the variables measured. (Perron, 1997) The goal of this study was to compare short- and long-term outcomes of patients with rotator cuff calcific tendonitis who received or did not receive ultrasound-guided percutaneous treatment. This was administered with the patients under local anesthesia, by use of two 16-gauge needles that were inserted into the calcific deposit. Saline solution was injected through 1 needle, allowing aspiration of the dissolved calcium through the other needle. Recovery time was approximately 1 hour. The investigators concluded that patients who received ultrasound-guided percutaneous treatment had prompt pain relief and recovery of shoulder function, and their outcomes at 1 year were better than those of nontreated patients. At 5 and 10 years, however, outcomes were similar in both groups. According to the authors, for people with calcific tendonitis, a simple, one-time ultrasound-guided procedure could help them recover completely from the terrible pain constantly affecting their shoulder. This treatment could completely replace other treatments that are affected by several limitations and complications. (Serafini, 2009)

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)**