

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jun/18/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** eight sessions of physical therapy to the left shoulder

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

M.D., Board Certified 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**

Official Disability Guidelines

02/10/12 – Clinical Note –DO

02/10/12 – Texas Work Status Report

02/14/12 – Mri Left Shoulder

02/17/12 – Clinical Note –DO

02/17/12 – Texas Work Status Report

03/06/12 – Clinical Note –DO

03/06/12 – Texas Work Status Report

03/12/12 – Physical Therapy Note

03/29/12 – Clinical Note –DO

03/29/12 – Texas Work Status Report

05/08/12 – Clinical Note –DO

05/08/12 – Texas Work Status Report

05/10/12 – Physical Therapy Evaluation

05/18/12 – Utilization Review Determination

05/24/12 – Utilization Review Determination

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who sustained an injury when her arm was pulled backwards by a. MRI of the left shoulder performed 02/14/12 revealed mild tendinosis of the distal attachment site of the anterior supraspinatus fibers without evidence of rotator cuff tear, perforation, or tendon retraction. Physical therapy note dated 03/12/12 states the claimant completed 9 sessions of physical therapy since 02/13/12. The claimant demonstrated compliance with attendance and with the home exercise program. Physical exam of the left shoulder revealed flexion to 142 degrees, extension to 55 degrees, abduction to 130 degrees, internal rotation

to 90 degrees, and external rotation to 52 degrees. There was mild weakness of the left shoulder. The patient rated her pain at 2 to 3 out of 10. 6 additional sessions of physical therapy were advised. The claimant saw Dr. on 05/08/12 with complaints of left shoulder pain rating 3 out of 10. Physical exam revealed positive O'Brien's and Speed's tests of the left shoulder. There was decreased range of motion of the left shoulder with pain. There was normal strength of the left shoulder. The claimant was assessed with rotator cuff sprain. Eight (8) sessions of physical therapy were advised. The claimant was prescribed Tramadol, Mobic, and Flexeril.

The claimant was seen for physical therapy evaluation on 05/10/12. Physical exam revealed guarded movements. Range of motion of the left shoulder revealed flexion to 151 degrees, abduction to 139 degrees, extension to 28 degrees, and external rotation to 21 degrees. Left shoulder strength was noted to be fair.

There was tenderness to palpation of the brachialis muscle at the insertion of the elbow, as well as the middle of the biceps tendon and the posterior muscles up underneath in the armpit. There was tenderness to palpation of the upper trapezius, anterior aspect of the shoulder, and biceps tendon. Speed's test and Neer's test were positive. The request for eight sessions of physical therapy to the left shoulder was denied by utilization review on 05/18/12 as the request greatly exceeds current evidence based guidelines. Additionally, the documentation failed to outline exceptional factors that would justify a protracted course of supervised therapy. The request for eight sessions of physical therapy to the left shoulder was denied by utilization review on 05/24/12 as there was no clear documentation to further expand formal physical therapy.

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

This -old injured worker completed an initial course of physical therapy for 9 sessions and demonstrated mild limitations in range of motion. Further physical exams again revealed minor loss of range of motion in all planes for the left shoulder. There are no significant functional limitations noted on her physical exam that would reasonably require additional physical therapy and the ODG would recommend that her minor restrictions could be reasonably addressed through a home exercise program. The reviewer finds medical necessity is not established for the requested eight sessions of physical therapy to the left shoulder.

#### **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)