

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: June 8, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 3-5 x 2 Months for the Right Shoulder 97110, 97112, 97116, 97530, 97140

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

This physician is Board Certified Physical Medicine and Rehabilitation 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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male with a work-related injury on xx/xx/xx. The claimant fell on a flight stairs onto his right shoulder; sustaining a right rotator cuff tear. He underwent prior attempted surgical repair with no improvement and a long course of non operative treatment with no improvement.

07-20-10: Initial Evaluation Note dictated by MD. Noted the claimant indicated that the affected shoulder “hurts, feels weak, feels stiff, catches or locks, pops or grinds, aches and tingling or numbness in fingers”. Claimant indicated that the pain was present while reaching into the backseat of the care, putting on a seatbelt, washing the car, adjusting the car mirror or radio, performing gardening or yard work, performing housework, vacuuming, pain at night interfering with sleep, doing the laundry, starting a lawnmower, putting belt through belt loops, reaching for wallet, putting on a coat or sweater, combing or drying hair, lifting, pushing or pulling, pouring tea or milk from a pitcher, typing or doing computer work, getting milk from the refrigerator shelf, reaching out to side and carrying heavy objects. Claimant had a RCR to right shoulder by Dr. on 11/09; which helped temporarily. Previous treatment consisted of selective rest, cortisone injection, activity modification, observation, prescription NSAID, over the counter NSAID, pain medication, physical therapy performed at home, physical therapy performed at a therapy facility, treatment by another MD, another orthopedic surgeon and surgery. Claimant noted that the cortisone injection did not help with pain or improve motion. R shoulder exam noted supraspinatus atrophy and infraspinatus atrophy. AROM (Constant Score): Forward flexion=25 degrees, Abduction=25 degrees, External rotation with the arm at side=25 degrees, and Internal rotation to buttock. No active external rotation. Rotator cuff testing noted: positive Jobe testing for weakness and positive lag sign for external rotation, negative horn blower sign, negative lift off test, negative belly press test. Imaging Study Interpretation: Supraspinatus: 3 cm retraction and full-thickness tear. Infraspinatus: full-thickness tear and retracted 2 cm. Impression – R Shoulder/Arm: Possible Irreparable Recurrent Tear. Rotator cuff tear. Plan R Shoulder/Arm: Needs to have a repeat MRI in high resolution.

08-19-10: Office visit note dictated by MD. Impression – R Shoulder/Arm: Possible Irreparable Recurrent Tear. Claimant received a cortisone injection in right subacromial bursa. Imaging Study Interpretation: MRI study: Supraspinatus: 3 cm retraction and full-thickness tear and Grade 2 muscle atrophy. Infraspinatus: full-thickness tear and retracted 2 cm. Impression – R Shoulder/Arm: Possible Irreparable Recurrent Tear. Rotator cuff tear. Plan R Shoulder/Arm: Claimant declined surgery at this time and requested trial of physical therapy, injection and hydrotherapy.

11-30-10: Office visit note dictated by, MD. Claimant noted that the cortisone injection received on last visit relieved symptoms of pain and discomfort for a few months. Claimant received cortisone injection in the right subacromial bursa. Plan R Shoulder/Arm: Claimant declined surgery and requested injection, hydrotherapy on his own.

02-10-11: Progress note dictated by MD. Right shoulder history noted previous cortisone injection given that relieved symptoms of pain and discomfort for a few days. Claimant received a cortisone injection in the right subacromial bursa. Plan R Shoulder/Arm: Claimant requested injection and rotator cuff repair surgery. Shoulder Surgery Recommended: Possible rotator cuff repair, arthroscopic subacromial decompression, arthroscopic debridement irreparable rotator cuff tear and arthroscopic biceps tenodesis.

07-19-11: Progress note dictated by MD. Claimant noted no change since last visit. Claimant received a cortisone injection to right subacromial bursa. Plan R Shoulder/Arm: Claimant requested surgical procedure in November and additional injection.

11-11-11: Operative report dictated by MD. Postoperative Diagnosis: 1. Right shoulder massive irreparable rotator cuff tear. 2. Right shoulder retained foreign body. Procedure: 1. Right shoulder examination. 2. Right shoulder diagnostic glenohumeral arthroscopy. 3. Right shoulder arthroscopic debridement of massive rotator cuff tear involving supraspinatus and infraspinatus. 4. Right shoulder arthroscopic subacromial decompression with minimal acromioplasty and preservation of coracoacromial ligament. 5. Right shoulder arthroscopic removal of foreign body.

11-17-11: Progress note dictated by MD. Impression – Right Shoulder/Arm: Status post shoulder arthroscopy, debridement; Possible Irreparable Recurrent Tear; Rotator cuff tear. Plan R Shoulder/Arm: Selective rest, hydrotherapy, activity modification and return for follow up visit in 5 weeks.

11-22-11: Shoulder Evaluation/Care Plan notes at xxxxxxxxxxxx. Therapist noted functional/work/recreational limitations to all use of the right upper extremity and a positive Neer's impingement and positive Hawkin's impingement. Goal: return full use of right upper extremity.

12-12-11: Rehabilitation progress note at xxxxxxxxxxxx. Noted claimant had decreased c/o pain and increasing AROM. PT exercises as previous sessions with increased new AROM exercises and increased weight with elbow curls. Therapist noted claimant approaching POC goals. Treatment Plan: continue present plan and upgrade activity as tolerated.

12-14-11: Rehabilitation progress note at xxxxxxxxxxxx. Claimant noted decreasing c/o pain. PT exercises performed to increase AROM, increase movement and decrease c/o pain. Therapist noted claimant has increasing AROM and PROM. Treatment Plan: continue present plan and upgrade as tolerated.

12-15-11: Office visit note dictated by MD. AROM (Constant Score): Forward flexion = 0 degrees, Abduction = 0 degrees. Impression-R Shoulder/Arm:

Pseudoparalysis; Status Post shoulder arthroscopy, debridement; possible irreparable recurrent tear; rotator cuff tear. Plan R Shoulder/Arm: Hydrotherapy. Suggested aquatic therapy to resolve pseudoparalysis and if unable to achieve active mobility with aquatic therapy, may require shoulder prosthesis to achieve active mobility. Recommended NSAID and pain medication.

12-15-11: Rehabilitation progress note at xxxxxxxxxxxx. Claimant noted increased soreness. PT performed to increase movement and ROM to right upper extremity. Claimant stated had decreased c/o pain with therapy. Treatment Plan: continue present plan and upgrade activity as tolerated.

12-22-11: Office visit note dictated by, MD. Office X-Ray Right Shoulder A/P Views: Noted joint space normal and implant in good position. Impression-R Shoulder/Arm: Pseudoparalysis; Irreparable rotator cuff tear; S/P shoulder arthroscopy, debridement. Plan R Shoulder/Arm: Recommended aquatic therapy to resolve pseudoparalysis. "Work comp has negligently denied this patient appropriate postoperative rehabilitation." Claimant requested surgery. Surgery recommended: Reverse prosthesis. Pain medication.

12-28-11: Rehabilitation progress note at xxxxxxxxxxxx. Claimant noted decrease c/o pain. PT performed to increase AROM, to increase movement and decrease c/o pain. Added shrugs and scapular retraction with decompression. Claimant noted no c/o increase pain with exercises. Treatment Plan: continue present plan and upgrade activity as tolerated.

02-16-12: Rehabilitation progress note at xxxxxxxxxxxx. Claimant noted recent prostate surgery with a tough recovery and c/o pain to right anterior shoulder. PT performed to increase AROM, numerous exercises to decrease c/o pain with elevation, functional activities, manual MOB T/S with right shoulder. AROM right shoulder: Flexion 137 degrees; Abduction 86 degrees; Internal rotation 59 degrees; and External rotation 95 degrees. Therapist noted AROM abduction increased to 126 degrees and external rotation to 66 degrees with PT. Treatment Plan: continue present plan and upgrade activity as tolerated.

03-05-12: Rehabilitation progress note at xxxxxxxxxxxx. Claimant received cortisone injection last week, c/o increase pain today. PT performed to increase AROM, to increase movement and functional activities to decrease c/o pain, PROM/joint mobility to shoulder. Therapist noted increased rest breaks today secondary to c/o pain. Treatment Plan: continue present plan and upgrade activity as tolerated.

03-08-12: Rehabilitation progress note at xxxxxxxxxxxx. Claimant noted feeling weak and c/o fatigue. PT performed to increase AROM, to increase movement and functional activities to increase ability to perform work tasks and decrease c/o pain, added filter exercises and progressed wall push up

to table at waist level. Therapist noted claimant fatigued with table exercise and required tactile and verbal cues to maintain correct posture with exercises. Treatment Plan: continue present plan and upgrade activity as tolerated.

03-13-12: Rehabilitation progress note at xxxxxxxxxxxx. Claimant noted decreased right shoulder pain and difficulty retrieving food from above head. Claimant stated he had some dizziness today secondary to medication. PT performed to increase AROM, to increase movement and functional activities to increase work tasks and decrease c/o pain. Therapist noted claimant required verbal cues to correct form with table pushups and had difficulty with form and activities of full AROM during bent over exercises. Treatment Plan: continue present plan and upgrade activity as tolerated.

03-21-12: Rehabilitation progress note at xxxxxxxxxxxx. Claimant noted left hand and biceps pain possibly secondary to compensation for right arm weakness. PT performed with functional activities, CKC exercises, and strengthening exercises. Treatment Plan: continue present plan and upgrade activity as tolerated.

03-29-12: Rehabilitation progress note at xxxxxxxxxxxx. Claimant noted increasing movement to right upper extremity, but noted limited adduction and difficulty with grooming. PT performed to increase ROM, to increase movement and functional activities to functional strength to right upper extremity, added increased reps with multiple exercises. Treatment Plan: continue present plan and upgrade activity as tolerated.

04-02-12: Rehabilitation progress note at xxxxxxxxxxxx. Claimant noted c/o difficulty and pain with washing face to right upper extremity. PT performed to increase AROM, to increase movement and functional activities to increase ADLs, added dynamic stability exercises. Therapist noted increased rest breaks secondary to fatigue. Treatment Plan: continue present plan and upgrade activity as tolerated.

04-04-12: Rehabilitation progress note at xxxxxxxxxxxx. Claimant noted decreased endurance for ADL with right upper extremity elevation. PT performed to increase movement and functional activities exercises. Treatment Plan: continue present plan and upgrade activity as tolerated.

04-10-12: Rehabilitation progress note at xxxxxxxxxxxx. Claimant noted fatigue secondary to increased pain with ADLs. PT performed to increase RC movement and flexibility and functional activities to upper extremities/CKC exercises. Therapist noted increased ability with CKC exercises. Treatment Plan: continue present plan and upgrade activity as tolerated.

04-12-12: Office visit note dictated by MD. Dr. noted that the right shoulder is finally getting better because claimant is getting PT. AROM (Constant Score): Forward flexion = 120 degrees. Claimant received cortisone injection in the right

subacrominal bursa. Plan R Shoulder/Arm: Selective rest, activity modification, physical therapy. Request sent for continued current PT program.

04-12-12: Rehabilitation progress note at xxxxxxxxxxxx. Claimant stated Dr. was pleased with his progress. PT performed to increase movement and functional activities. Therapist noted claimant tolerated increased reps without c/o pain. Treatment Plan: continue present plan and upgrade activity as tolerated.

04-16-12: Rehabilitation progress note at xxxxxxxxxxxx. Claimant noted increased movement to right upper extremity and able to increase usage. PT performed functional activities exercises and increased dynamic stability exercises reps. Therapist noted increased motion endurance with CKC exercises: pushups, fitter and dynamic stability. Treatment Plan: continue present plan and upgrade activity as tolerated.

04-18-12: UR performed by MD, PA, Preventive Medicine/Occupational Medicine. Reason for Denial: Recommended adverse determination. This is a 75 year old patient with a known surgically irreparable rotator cuff tear. The patient has had AT LEAST 30 supervised rehab sessions after the most recent shoulder arthroscopy 11/2011, which did not improve much since the RC was not reparable. There is no documentation of progress with the supervised rehab sessions that have been completed since November 2011. There are no MD, PA or PT notes that documented any progress. There is not even a physical assessment by an MD, PA or PT that was submitted for this review.

04-25-12: UR Reconsideration by MD. Reason for Denial: male claimant with a right shoulder injury secondary to a fall on stairs on xx/xx/xx. He has had arthroscopic debridement of the shoulder and 36 post op PT sessions. The 02/16/12 PT reveals after the initial 12 session's notes shoulder flex 137, abd 86 and IR 59, ER 25, after the additional 24 sessions the claimant should be adequately capable of performing an independent program and additional PT would not be reasonable or necessary. Evidence based treatment guidelines recommend up to 24 sessions of post op therapy and encourage a home program.

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

Denial of additional PT is upheld/agreed upon since request exceeds ODG Shoulder chapter recommendations of the number of visits and time frame (24 visits over 14 weeks) and clinically the claimant has plateaued in progress; and was instructed in HEP after 36 post op PT visits over 6 months. Therefore, the request for PT 3-5 x 2 Months for the Right Shoulder 97110, 97112, 97116, 97530, 97140, is denied.

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

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 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

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)**