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Notice of Independent Review Decision

**Date notice sent to all parties: 10/11/12**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Please address medical necessity of 12 additional post-operative physical therapy visits over 6 weeks for right shoulder using 97110, 97530, 97140, and 97112.. Base medical necessity on ODG criteria and mention citation in report.

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

Texas Licensed physician with Board Certification in Orthopedic Surgery.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X-Upheld (Agree)

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

There are multiple medical records available for review.

1. UM Referral Form.
2. PRIUM preauthorization dated 09/11/12 with attached documentation.

3. Progress report and/or discharge summary

Therapy dated 09/05/12.

4. Note dated 09/05/12.

5. Texas Workers' Compensation Work Status report dated 09/05/12.

6. daily notes: 09/05/12, 08/21/12, 08/16/12, 08/09/12,

08/02/12, 07/31/12, 07/27/12, 07/25/12, 07/19/12, 07/17/12, and

07/11/12.

7. There are 2 pages of the operative report 5/29/2012 available for review however page 2 is not included in the file. No complications were noted. Preop and post diagnoses were the same.

8. There are follow-up notes and nurse practitioner available for review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a female who developed right shoulder pain subsequent to an injury occurring on xx/xx/xx. She failed conservative management and on 05/29/12, underwent right shoulder arthroscopic surgery with acromioplasty, labral tear debridement, and rotator cuff repair.

Post-operatively, she was placed in a sling and began physical therapy on 06/04/2012. The available information indicates that the claimant has undergone 28 postoperative physical therapy visits. An additional 12 postop physical therapy visits have been proposed.

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

Unable to certify the medical necessity and appropriateness of additional physical therapy using 97110, 97530, 97140, and 97112 at this time.

The claimant has already undergone 28 physical therapy visits and should be able to perform a self supervised home exercise program.

ODG guidelines address physical therapy of the right shoulder post surgery. 24 physical therapy visits can be certified based on ODG guidelines shoulder. The claimant has already received 28 according to notes. The surgery was an arthroscopic procedure and not an open procedure. Notes do not reference a "complete rupture of the rotator cuff" which can require up to 40 physical therapy visits. There is no information to support dislocation or serious orthopedic or neurologic complications. There is no request for specific work hardening, work conditioning, or job simulation. There is no formal job description submitted for review. Lastly, the claimant had been complaining of some snapping in her shoulder with overhead activities but there was no follow-up orthopedic evaluation submitted for review.

Given the information presented, unable to certify the medical necessity and appropriateness of additional physical therapy services at this time using CPT codes 97110, 97530, 97140, and 97112. Instead, the claimant has already received 28 physical therapy visits and should have been taught a self supervised home exercise program. There are no new short and long term goals identified. Similar outcome should be able to be achieved with a self supervised home exercise program. There is no information that the results of performing additional physical therapy will influence medical decision-making, improve overall functional status,

## **IRO REVIEWER REPORT TEMPLATE -WC**

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### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**X-DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

**X-MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X-ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**