INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West Eldorado Pkwy' Suite 100 -373 . McKinney, Texas 75070
Office 469-218-1010 . Toll Free Fax 469-374-6852 e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

Date notice sent to all parties:

September 17, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPT:	Description:	Request date:	Determination Date:
97032	Manual Electrical Stimulation 15 min	07/10/12	08/08/12
97035	Ultrasound, 15 min	07/10/12	08/08/12
97110	Therapeutic Exercise	07/10/12	08/08/12
97112	Neuromuscular Re-education	07/10/12	08/08/12
97140	Manual therapy techniques; ea. 15 min	07/10/12	08/08/12
97530	Therapeutic Activities 15 min	07/10/12	08/08/12

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

Board Certified Orthopedic Surgeon

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:

Cover sheet and working documents
Utilization review determination dated 07/09/12, 08/08/12
Radiographic reports dated 05/18/02, 10/17/02, 03/24/03, 01/29/09, 04/27/09, 08/04/09
Office visit note dated 05/30/02, 06/20/02, 07/18/03, 08/08/02, 08/22/02, 09/19/02, 10/17/02, 12/12/02, 01/23/03, 02/27/03, 04/24/03, 06/19/03, 08/14/03, 09/25/03,

10/31/03, 11/04/03, 12/18/03, 01/20/04, 02/19/04, 04/20/04, 06/22/04, 09/21/04, 10/21/04, 11/11/04, 12/02/04, 12/14/04, 01/19/05, 03/31/05, 03/14/06, 04/25/06, 06/20/06, 08/22/06
Operative report dated 06/14/06, 11/11/09, 05/19/11, 01/23/12, 06/01/12
CMT/ROM testing dated 04/18/06, 09/22/06, 11/10/06, 02/21/07, 03/28/07, 07/06/07, 09/06/07, 04/27/09, 08/04/09, 04/16/10, 07/15/10, 10/22/10, 01/04/11, 12/09/11, 02/02/12, 04/18/12, 06/01/12
Left shoulder MR arthrogram dated 09/17/07, 04/13/11
RME dated 11/19/07
IRO dated 11/30/07, 08/24/09
Physical therapy report dated 11/04/03, 06/28/12
Designated doctor evaluation dated 03/19/03, 04/27/05, 11/10/05, 03/08/06, 10/17/06
Letter dated 08/26/05, 04/28/07, 05/03/07
Cervical myelogram dated 06/14/07
MRI left shoulder dated 03/24/03, 12/07/04
EMG/NCV dated 09/05/02, 10/16/02, 10/06/04, 01/19/05, 05/18/11
IME dated 02/07/05, 06/17/09, 02/16/11, 02/08/12
Orthopedic report dated 03/15/05-08/17/12
Letter of medical necessity for medication dated 10/27/08, 05/26/09
Peer review dated 03/21/05
MRI cervical spine dated 08/09/02, 03/29/05
MRI lumbar spine dated 08/09/02, 12/07/04, 04/13/11

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient lost control of her vehicle which slid into a pole. The airbags deployed, but she sustained a considerable jolt during impact. No fractures were noted. Designated doctor evaluation dated 03/19/03 indicates that the patient has undergone a course of physical therapy. The patient was determined not to have reached MMI. IME dated 02/07/05 indicates that the patient's prognosis is very poor. She appeared to give very poor effort in the physical examination. There may be signs of symptom magnification or there may be some pathology. The patient probably has had a cervical sprain/strain event. Peer review dated 03/21/05 indicates that the diagnosis would have been a cervical strain. Not all the symptomatology appears to have a physiologic basis and there appear to be some signs of symptom magnification. Designated doctor evaluation dated 04/27/05 indicates that the patient has not reached MMI. The patient underwent left shoulder arthroscopy with subacromial decompression on 06/14/06. RME dated 11/19/07 indicates that the length of current treatment is appropriate. No further diagnostic testing or treatment is indicated for the cervical and lumbar. IME dated 06/17/09 indicates that treatment to date has not been appropriate. The patient did not have any objective evidence of radiculopathy in the cervical or lumbar spine that would have warranted injections. The patient subsequently underwent left shoulder

arthroscopy with debridement of AC joint and resection of distal clavicle with revision of arthroscopic subacromial decompression on 11/11/09. IME dated 02/16/11 indicates that the patient has had a change in her physical status without any new intervening injury, and repeat lumbar MRI was recommended. At this time, she does not need any supervised physical therapy. The patient underwent lumbar epidural steroid injection on 05/19/11 and 01/23/12. IME dated 02/08/12 indicates that injections have given her excellent relief for 2+ months. The patient does not require any ongoing, active treatment for her cervical spine. For her shoulder, she has minimal radiographic abnormalities, and as such is at a stable plateau with the shoulder. As to the shoulder itself, she would require only over-the-counter preparations. The patient underwent cervical epidural steroid injection on 06/01/12. Orthopedic report dated 06/12/12 indicates that impression is lateral stenosis, L5-S1, with neurogenic claudication; right S1 radiculopathy; left shoulder rotator cuff tendonitis; and disc protrusion C5-6 with left C6 radiculopathy. Physical therapy initial evaluation dated 06/28/12 indicates that cervical range of motion is flexion 27, extension 26, left lateral flexion 28, right lateral flexion 27, bilateral rotation 30 degrees. Left shoulder range of motion flexion is 110, abduction 110, extension 25, adduction 20, ER 20 and IR 70 degrees. The patient was recommended to undergo 12 sessions of physical therapy utilizing modalities 97032, 97035, 97110, 97112, 97140 and 97530 for the cervical spine and left shoulder.

Initial request was non-certified on 07/09/12 noting that for the described medical situation, the Official Disability Guidelines would support an expectation for an ability to perform a proper non-supervised rehabilitation regimen when an individual is this far removed from the onset of symptoms. The requested amount of supervised therapy services would exceed what would be supported per criteria set forth by the above noted reference. The denial was upheld on appeal dated 08/08/12 noting that additional records were provided for review in the form of the treating physician's clinic note and independent medical examinations. The additional medical records do not demonstrate a functional or vocational deficit requiring additional supervised therapy or that would preclude the patient from participating in a self-directed home exercise program. The goals of the physical therapy evaluation of 06/28/12 were already met after placement of the cervical epidural injection of pain reduction and range of motion was near-normal at the time of the independent medical examination of 02/08/12.

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

Based on the clinical information provided, the request for:

CPT:	Description:	Request date:	Determination Date:
97032	Manual Electrical Stimulation 15 min	07/10/12	08/08/12
97035	Ultrasound, 15 min	07/10/12	08/08/12
97110	Therapeutic Exercise	07/10/12	08/08/12
97112	Neuromuscular Re-education	07/10/12	08/08/12
97140	Manual therapy techniques; ea. 15 min	07/10/12	08/08/12

97530	Therapeutic Activities 15 min	07/10/12	08/08/12

is not recommended as medically necessary, and the two previous decisions are upheld. The patient sustained injuries over 10 years ago and has undergone extensive treatment to date including a significant amount of physical therapy. IME dated 02/07/05 indicates that the patient's prognosis is very poor. She appeared to give very poor effort in the physical examination. There may be signs of symptom magnification or there may be some pathology. The patient probably has had a cervical sprain/strain event. Peer review dated 03/21/05 indicates that the diagnosis would have been a cervical strain. Not all the symptomatology appears to have a physiologic basis and there appear to be some signs of symptom magnification. RME dated 11/19/07 indicates that no further diagnostic testing or treatment is indicated for the cervical and lumbar. IME dated 02/16/11 indicates that at this time, she does not need any supervised physical therapy. IME dated 02/08/12 indicates that the patient does not require any ongoing, active treatment for her cervical spine. For her shoulder, she has minimal radiographic abnormalities, and as such is at a stable plateau with the shoulder. As to the shoulder itself, she would require only over-the-counter preparations. The submitted records do not document a functional or vocational deficit requiring additional supervised therapy or that would preclude the patient from participating in a self-directed home exercise program. Additionally, the Official Disability Guidelines do not support the utilization of passive modalities 97032, 97035, or 97112. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

IRO REVIEWER REPORT TEMPLATE -WC

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

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG Shoulder Chapter

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. ( ) 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); Home exercise kits; 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 **Superior glenoid labrum lesion** (ICD9 840.7) Medical treatment: 10 visits over 8 weeks Post-surgical treatment (labral repair/SLAP lesion): 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

ODG Neck and Upper Back Chapter

Physical therapy (PT)	Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. (Rosenfeld, 2000) (Bigos, 1999) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (Philadelphia, 2001) (Colorado, 2001) (Kjellman, 1999) (Seferiadis, 2004) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (Scholten-Peeters, 2006) In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. (ConlinI, 2005) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks. (Kongsted, 2007) See also specific physical therapy modalities, as well as Exercise. **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, including assessment after a "six-visit clinical trial". **Cervicalgia (neck pain); Cervical spondylosis** (ICD9 723.1; 721.0): 9 visits over 8 weeks **Sprains and strains of neck** (ICD9 847.0): 10 visits over 8 weeks **Displacement of cervical intervertebral disc** (ICD9 722.0): Medical treatment: 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week

	Post-surgical treatment (discetomy/laminectomy): 16 visits over 8 weeks Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks **Degeneration of cervical intervertebral disc** (ICD9 722.4): 10-12 visits over 8 weeks See 722.0 for post-surgical visits **Brachia neuritis or radiculitis NOS** (ICD9 723.4): 12 visits over 10 weeks See 722.0 for post-surgical visits **Post Laminectomy Syndrome** (ICD9 722.8): 10 visits over 6 weeks **Fracture of vertebral column without spinal cord injury** (ICD9 805): Medical treatment: 8 visits over 10 weeks Post-surgical treatment: 34 visits over 16 weeks **Fracture of vertebral column with spinal cord injury** (ICD9 806): Medical treatment: 8 visits over 10 weeks Post-surgical treatment: 48 visits over 18 weeks **Work conditioning** (See also Procedure Summary entry): 10 visits over 8 weeks