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Notice of Independent Review Decision

DATE: June 12, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient physical therapy (PT) to the left shoulder, three (3) times per week over four (4) weeks, consisting of therapeutic exercises, manual therapy, electrical stimulation, and therapeutic activities, no more than four (4) units per session.

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

The reviewer is certified by the American Board of Orthopaedic Surgeons with 42 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 medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

04/06/12: Ambulance Record from Emergency Corps

04/06/12, 04/07/12, 04/08/12, 04/09/12, 04/10/12: Emergency Room and Hospital Records

04/19/12: Chart Note by OPA-C with Physicians

04/24/12, 04/26/12, 04/27/12, 04/30/12, 05/02/12, 05/04/12, 05/08/12, 05/09/12, 05/11/12, 05/15/12, 05/16/12, 05/18/12, 06/01/12, 06/04/12, 06/06/12, 06/08/12, 06/11/12, 06/13/12, 06/15/12, 06/18/12, 06/20/12, 06/22/12, 06/25/12, 06/27/12, 06/28/12, 07/02/12, 07/03/12, 07/05/12, 07/09/12, 07/11/12, 07/13/12, 07/16/12, 07/18/12, 07/20/12, 07/25/12, 07/27/12, 08/06/12, 08/08/12, 08/10/12, 08/13/12, 08/15/12, 08/17/12, 08/20/12, 09/18/12, 09/20/12, 09/24/12, 09/26/12, 09/28/12, 10/01/12, 10/03/12, 10/05/12, 10/08/12, 10/10/12, 10/12/12, 10/15/12, 12/14/12, 12/17/12, 12/18/12, 12/19/12, 12/21/12, 12/27/12, 12/28/12, 01/02/13, 01/03/13, 01/04/13, 01/07/13, 01/09/13, 01/11/13, 01/14/13, 01/16/13, 01/18/13, 01/21/13, 01/24/13, 01/25/13, 01/28/13, 01/30/13, 02/01/13, 02/04/13, 02/05/13, 02/15/13, 02/19/13, 02/20/13, 02/22/13, 02/25/13, 02/28/13, 03/01/13, 03/04/13, 03/06/13,

03/08/13, 03/11/13, 03/13/13, 03/15/13, 03/19/13, 03/20/13, 03/22/13, 03/25/13, 03/27/13, 03/28/13, 04/01/13, 04/03/13, 04/05/13, 04/08/13, 04/11/13, 04/12/13: Physical Therapy Notes from Group
05/16/12, 06/20/12, 08/01/12, 10/10/12: Chart Note by MD from Physicians
06/19/12: UR performed by MD
07/23/12: UR performed by MD
08/17/12: UR performed by MD
08/31/12: UR performed by DO
10/24/12, 12/19/12, 01/23/13, 04/24/13: Chart Note by MD with Physicians
10/24/12: Left Shoulder report interpreted by Dr. with
11/27/12: from
12/11/12: Operative Report by MD
12/11/12: Operative Report by MD
12/11/12, 12/12/12: Hospital Records from
12/11/12: Left Shoulder report interpreted by Dr. with
12/17/12: UR performed by MD
12/19/12: Left Shoulder Series report interpreted by MD with
12/20/12: UR performed by MD
01/23/13: Left Shoulder report interpreted by MD with
02/12/13: UR performed by MD
03/14/13: from
04/03/13: Email from
04/08/13: Prior Authorization Request from Group
04/15/13: UR performed by MD
05/02/13: Request for more physical therapy by with Physicians
05/09/13: UR performed by DO
05/17/13: Fax Cover Sheet from to Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who fell off the tailgate of his parked truck and extended his left arm out to catch his fall when he injured his left shoulder on xx/xx/xx. He is status post ORIF left proximal humerus performed on xx/xx/xx with subsequent physical therapy then hardware removal and arthroscopic arthrolysis manipulation on December 11, 2012 followed by additional postoperative physical therapy.

Xx/xx/xx: Left Shoulder Series report interpreted by MD with. IMPRESSION: Comminuted displaced and angulated left humerus surgical neck fracture.

Xx/xx/xx: Left Elbow Series report interpreted by MD. IMPRESSION: Elbow joint fluid. Osteophytes obscure the radial head/neck junction. Otherwise, no fracture is identified definitively. Repeat images in 7-10 days may be helpful if symptoms persist. Osteoarthritis of the radiohumeral compartment. Extra-articular soft tissue swelling.

Xx/xx/x: Left Humerus report interpreted by Dr. with. IMPRESSION: Severely comminuted fracture of the proximal humerus. Mild foreshortening of the shaft and medial displacement.

Xx/xx/xx: Operative Report by MD with. POSTOPERATIVE DIAGNOSIS: Left grade II open proximal humerus fracture. PROCEDURE: Incision, irrigation, and debridement of bone associated with open fracture. Intramedullary nail of left proximal humerus fracture.

04/07/12: Left Humerus report interpreted by MD with. IMPRESSION: Satisfactory alignment of left proximal humerus fracture subsequent to intramedullary nailing.

10/24/12: Left Shoulder report interpreted by Dr.. IMPRESSION: Unchanged, satisfactory alignment of the left proximal humerus fracture. Fracture lines remain partially evident.

12/11/12: Operative Report by MD. POSTOPERATIVE DIAGNOSES: Status post intramedullary nailing of the left proximal humerus fracture. Left shoulder arthrofibrosis status post intramedullary nailing of the left proximal humerus fracture. Retained hardware for intramedullary nailing of the left proximal humerus fracture. PROCEDURES PERFORMED: Left shoulder arthroscopic arthrolysis and manipulation under anesthesia. Left shoulder debridement. Left proximal humerus hardware removal.

12/11/12: Operative Report by MD. POSTOPERATIVE DIAGNOSIS: Symptomatic hardware, left proximal humerus. PROCEDURE: Removal of deep implant from left proximal humerus.

12/11/12: Left Shoulder report interpreted by Dr.. IMPRESSION: Interval removal of the inferior most locking screw at the humeral head. Unchanged, satisfactory alignment of the humerus. Fracture lines remain evident.

12/19/12: Left Shoulder Series report interpreted by MD. IMPRESSION: Unchanged appearance of humerus fixation hardware. Unchanged appearance of proximal humerus metadiaphyseal fracture with no bridging bone formation identified.

12/19/12: The claimant was evaluated by MD for left shoulder pain and stiffness. He was one week out from hardware removal and arthroscopic arthrolysis manipulation under anesthesia of the left shoulder. It was noted that he had weaned off all pain medication. He noted significant improvement in his motion compared to preoperatively. On physical exam, active motion showed approximately 115 degrees of forward elevation. Passively, he forward elevated to about 150 degrees. He externally rotated to 50-55 degrees. Internal rotation was to the lumbar spine. Grossly rotator cuff strength testing appeared well maintained. He was to continue with physical therapy

01/11/13: The claimant was evaluated by PT. He was noted to have improved in both ROM and strength, still with moderate deficits in both. Mr. noted that he would benefit from continued therapy to address the deficits. AROM: Flexion 100, extension 53, abduction 81, external rotation 37. Passive ROM: Flexion

154, abduction 115. MMT -4/5. GOALS: Increase ROM left shoulder to 90% of the right. Increased strength of left shoulder to 5/5. HEP independent. Optimize functional endurance.

01/23/13: The claimant was evaluated by MD for left shoulder stiffness. He was noted to have continued tightness and difficulties with elevation. He felt like his strength was improving and that his range of motion continued to improve. On physical exam, passively, he had 150-155 plus degrees of flexion. He externally rotated to about 45-50 degrees. Active forward elevation showed about 120-125 degrees. Rotator cuff strength testing appeared intact. He was neurovascularly intact distally. He was to continue with physical therapy. He was given some home strengthening and stretching exercises.

01/23/13: Left Shoulder report interpreted by MD. IMPRESSION: Unchanged, satisfactory alignment with interim fracture remodeling. Fracture lines remain evident. Minimal circumferential lucency surrounding the humeral head screws without interim progression, may represent early loosening, and can be followed on future imaging.

03/06/13: The claimant was evaluated by PT. He complained of pain and lack of strength. AROM: Flexion 110, extension 58, abduction 93, external rotation 38. PROM: Flexion 159, abduction 128. MMT -4/5. ASSESSMENT: No significant changes in ROM or strength to report since last evaluation one month ago. He is a good candidate for a work conditioning program.

04/08/13: The claimant was evaluated by PT. He stated that he felt "like the muscle isn't right inside the shoulder." AROM: Flexion 122, extension 61, abduction 110, external rotation 57. PROM: Flexion 164, abduction 133. MMT 4/5. ASSESSMENT: he has shown improvement in both ROM and strength. He will benefit from continued therapy to address the deficits. Still is a good candidate for a work conditioning program.

04/15/13: UR performed by MD. The patient has had 24 sessions of authorized therapy. The patient was injured a year ago in Texas with a fracture to the upper humerus, post surgery. The surgery was a 12/11/12 outpatient hardware removal, arthrolysis and debridement, and 04/17/12 open reduction and internal fixation (ORIF). As of 04/08/13, the claimant still feels the muscle isn't right. The patient has reached the amount of therapy normally suggested for this condition in the evidence-based guides with no documentation in the clinical records as to why the patient would need more than usual skilled therapy care. This is not to say that additional therapy is not needed, but only that it need not be administered through a skilled therapist, but rather through the active, independent home exercise program advocated by the evidence-based guidelines. Also, further assessment may be reasonable to determine why the patient is not responding. At present, based on the records provided, and the evidence-based guideline review, the request is not certified.

04/24/13: The claimant was evaluated by MD. Overall, he noted that his motion was continuing to improve. He did have some difficulties with active elevation. He felt like his strength was improving but did feel limited and weak. It was noted that he had been doing some work training and felt like overhead activities for a prolonged period were difficult. It was noted that this was hard as he is an airplane mechanic and had to raise his arms for a long period during the day. It was noted that the claimant wished to continue with physical therapy as he felt like he was continuing to improve with this. On exam, he had minimal atrophy. Actively, he had about 130 degrees of forward elevation, 110 degrees of abduction, external rotation to about 40-45 degrees, and internal rotation to the lower thoracic spine. Passively, he had about 150-160 degrees of forward flexion, 150 degrees of abduction, and other motions were stable. Rotator cuff strength testing appeared to be mildly weak on the left-hand side and abduction in the scapular plane otherwise was intact. Dr. noted that he thought that continued physical therapy was warranted as he did not think that the claimant had reached maximal improvement. He stated that he thought continued therapy would give him the best shot at being able to do his mechanic work with prolonged overhead activities. Dr. noted that he had clearly made some progress with respect to capsular stretching and passive range of motion.

05/09/13: UR performed by DO. This male was injured on xx/xx/xx when he sustained a fracture of the left humerus. The patient did undergo an open reduction and internal fixation (ORIF) of the humerus on 04/07/12 with an intramedullary rod and then removal of the rod with arthroscopic lysis of adhesion and debridement of the shoulder on 12/11/12. Postoperatively, the patient has been authorized twenty-four sessions of physical therapy. ODG would allow for up to 24 visits post-surgical treatment of adhesive capsulitis. Currently, there is a lack of physical examination findings documents to support the need to deviate further from guideline recommendations. There is not a medical rationale provided why this patient cannot transition to a self-directed home exercise program to address any residual issues. Therefore, the requested additional 12 sessions off PT are not medically necessary.

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

The previous adverse decisions are upheld. The claimant has undergone 24 sessions of postoperative physical therapy. ODG criteria allow 24 visits of physical therapy postoperatively. He would not likely improve with formal physical therapy beyond 24 sessions. He would likely do better with a vigorous home rehab program. Medical records provided did not document findings to warrant continued physical therapy beyond the recommended ODG criteria of 24 visits. Therefore, the request for Outpatient physical therapy (PT) to the left shoulder, three (3) times per week over four (4) weeks, consisting of therapeutic exercises, manual therapy, electrical stimulation, and therapeutic activities, no more than four (4) units per session is not medically necessary and is not certified.

ODG:

Physical therapy	<p>ODG Physical Therapy Guidelines –</p> <p>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.</p> <p>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</p> <p>Complete rupture of rotator cuff (ICD9 727.61; 727.6) Post-surgical treatment: 40 visits over 16 weeks</p> <p>Adhesive capsulitis (IC9 726.0): Medical treatment: 16 visits over 8 weeks Post-surgical treatment: 24 visits over 14 weeks</p> <p>Dislocation of shoulder (ICD9 831): Medical treatment: 12 visits over 12 weeks Post-surgical treatment (Bankart): 24 visits over 14 weeks</p> <p>Acromioclavicular joint dislocation (ICD9 831.04): AC separation, type III+: 8 visits over 8 weeks</p> <p>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</p> <p>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</p> <p>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</p> <p>Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0): Medical treatment: 14 visits over 6 weeks Post-surgical treatment: 20 visits over 10 weeks</p> <p>Fracture of clavicle (ICD9 810):</p> <p>8 visits over 10 weeks</p> <p>Fracture of scapula (ICD9 811): 8 visits over 10 weeks</p> <p>Fracture of humerus (ICD9 812): Medical treatment: 18 visits over 12 weeks Post-surgical treatment: 24 visits over 14 weeks</p>
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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)**