

# Pure Resolutions LLC

An Independent Review Organization  
990 Hwy 287 N. Ste. 106 PMB 133  
Mansfield, TX 76063  
Phone: (817) 405-0870  
Fax: (512) 597-0650  
Email: manager@pureresolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Jun/10/2013

### IRO CASE #:

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

Outpatient physical therapy to the right shoulder twelve (12) sessions consisting of therapeutic activities and therapeutic exercises, 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:

Board Certified Orthopedic Surgery

### 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)

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

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 03/12/13, 04/09/13  
Office note dated 04/05/13, 10/17/12, 11/02/12, 01/31/13, 03/08/13, 04/05/13, 05/03/13  
Designated doctor evaluation dated 09/17/12, 11/05/12  
PT re-evaluation dated 02/08/13  
Operative report dated 12/06/12  
Letter dated 05/22/13  
Notice of employee's work related injury/illness dated xx/xx/xx  
Radiographic report dated 06/22/12  
MRI right shoulder dated 06/22/12  
Functional capacity evaluation dated 08/27/12  
Right shoulder arthrogram dated 10/31/12  
Handwritten note dated 06/12/12, 06/25/12, 08/19/12, 09/04/12, 09/26/12, 03/11/13, 04/08/13  
Therapy progress report dated 08/07/12, 01/28/13  
Physical therapy evaluation dated 07/05/12, 01/04/13  
Daily progress notes dated 08/09/12, 08/14/12, 08/02/12, 08/07/12, 07/31/12, 07/25/12, 07/26/12, 07/17/12, 07/19/12, 07/05/12, 07/13/12, 01/04/13, 01/10/13, 01/14/13, 01/15/13, 01/17/13, 01/21/13, 01/22/13, 01/24/13, 01/8/13, 01/29/13, 01/31/13, 02/04/13, 02/05/13, 02/07/13, 02/11/13, 02/12/13, 02/14/13, 02/18/13, 02/19/13, 02/25/13, 02/26/13, 02/28/13  
Exam notes dated 02/19/13  
Exercise flow sheets

Handwritten exam notes dated 07/17/12  
Handwritten therapy progress note dated 03/05/13  
UR peer review referral report dated 03/11/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. The patient reports that he was gliding a valve along the floor when it shifted sideways and he reacted to the change of weight. The patient reported right shoulder pain. MRI of the right shoulder dated 06/22/12 revealed tendinopathy of the supraspinatus tendon with irregularity along the bursal surface. This irregularity may indicate bursal sided fraying. This is beneath the AC joint and may be secondary to impingement by the AC joint on the supraspinatus tendon. The patient subsequently underwent right shoulder arthroscopy with rotator cuff repair on 12/06/12 and has completed 24 postoperative physical therapy visits to date. Progress note dated 03/08/13 indicates that the patient is doing well post-op. He has been working on gentle range of motion and strengthening. He reports that he is making good progress with PT. On physical examination the patient has full active and passive range of motion. Strength is rated as +3/5. Follow up note dated 04/05/13 indicates that physical examination is unchanged.

Initial request for outpatient physical therapy to the right shoulder x 12 sessions was non-certified on 03/12/13 noting that 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. The denial was upheld on appeal dated 04/09/13 noting that per telephonic consultation with the requesting provider's office, the issue to continue to address was weakness which after 24 visits does not support the need for continued physical therapy on an outlier basis. The ODG would recommend up to 24 visits for the rotator cuff repair. No further skilled physical therapy is recommended.

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

The patient underwent right shoulder arthroscopy with rotator cuff repair on 12/06/12 and has completed 24 postoperative physical therapy visits to date. The Official Disability Guidelines Shoulder Chapter would support up to 24 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. 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. As such, it is the opinion of the reviewer that the request for outpatient physical therapy to the right shoulder twelve (12) sessions consisting of therapeutic activities and therapeutic exercises, no more than four (4) units per session is not recommended as medically necessary.

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

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

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