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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/28/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 4 X 6 Left Shoulder

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

Board Certified PM&R
Board Certified Pain Medicine

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
Emergency room notes 02/19/13-02/22/13
Radiology report 02/19/13
X-rays left humerus 02/18/13
X-rays right hand 02/18/13
Chest x-ray 02/18/13
Surgical note 02/22/13
Progress notes and clinical notes 03/12/13-08/01/13
X-rays left shoulder 06/20/13
Functional capacity evaluation 07/30/13
Therapy notes 03/20/13-06/19/13
Previous utilization reviews 06/26/13 and 07/18/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who initially presented to the emergency room after an eight foot fall. Emergency room note dated xx/xx/xx detailed the patient stating that he had been working. The patient stated that he had also been struck by an object at the left shoulder. The patient subsequently had complaints of severe right shoulder pain. Operative note dated 02/22/13 detailed the patient undergoing ORIF for a comminuted intraarticular left proximal humerus fracture. Clinical note dated 03/12/13 detailed the patient presenting for a follow up for the ORIF procedure at the left shoulder. The patient was recommended to initiate physical

therapy at that time. The clinical note dated 06/20/13 detailed the patient continuing with therapy three times a week. The patient was doing well. The patient demonstrated 90 degrees of adduction and flexion. X-rays of the left proximal humerus revealed no change in the implanted hardware. Therapy note dated 06/19/13 detailed the patient completing 36 physical therapy sessions to date. Clinical note dated 08/01/13 detailed the patient demonstrating 100 degrees of left shoulder flexion, 90 degrees of adduction, and 40 degrees of external rotation. Previous utilization review dated 06/26/13 resulted in denial for an additional 24 physical therapy sessions for the left shoulder as the patient had completed 36 physical therapy sessions to date which exceeded Official Disability Guidelines for humeral fracture. Previous utilization review dated 07/18/13 resulted in a denial for additional physical therapy for the left shoulder as the more recent therapy notes revealed the patient making no significant progress regarding the left shoulder injury.

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

Clinical documentation submitted for review notes the patient undergoing ORIF at the left shoulder following comminuted fracture. Official Disability Guidelines recommend 24 physical therapy sessions following an operative procedure of this nature. Clinical documentation detailed the patient completing 36 physical therapy sessions as part of the post-operative course. Request for an additional 24 physical therapy sessions exceeds guideline recommendations as no exceptional factors were noted in the clinical documentation. Additionally, therapy notes detailed the patient plateauing with therapy. Furthermore, it is unclear if the patient is undergoing a home exercise program following a full course of post-operative physical therapy which would be the expected course of treatment. Given this the request is not indicated. As such it is the opinion of the reviewer that the request for physical therapy four times a week times six weeks to the left shoulder 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