

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

[Date notice sent to all parties]: April 5, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy x3wkx4wk for left shoulder

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

This physician is Board Certified in Rehabilitation and Physical Medicine with over 18 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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained a work related injury on xx/xx/xx resulting in left shoulder, arm pain and swelling.

07-26-12: MRI Left Shoulder. Impression: Mild supraspinatus tendinosis.

08-08-12: MRI of the left brachial plexus without contrast. Impression: 1. No evidence of brachial plexus mass or muscular atrophy. 2. Central 3 mm disc protrusion at C4-C5.

08-24-12: EMG Report. Interpretation: The pattern of neurophysiologic abnormalities was consistent with a severe subacute traumatic brachial plexopathy involving primarily the medial cord and the posterior cord. The lateral

cord is relatively spared. Testing of biceps, supracapular muscle, rhomboid, and lateral antebrachial cutaneous nerve were within normal limits on the left. The absence of ulnar sensory response does not support cervical radiculopathy or root avulsion. However concomitant lower cervical radiculopathy cannot be entirely excluded. There is a neurophysiologic evidence of carpal tunnel syndrome/C5-T1 cervical radiculopathy/ulnar neuropathy/radial neuropathy/musculocutaneous neuropathy/brachial plexopathy on the left side. Clinical Correlation: The subacute severe traumatic brachial plexopathy on the left has caused complete paralysis of the deltoid, triceps, brachioradialis, and ulnar innervated hand grip muscles. MRI of left brachial plexus is recommended to exclude any compressive mass lesion, such as traumatic hematoma. Otherwise, conservative treatment including physical therapy and occupation therapy, is recommended. A repeat EMG study in 3 months is indicated to address the prognosis and the possibility of reconstruction surgery if indicated. MRI of cervical spine is indicated to exclude the possibility of concomitant treatable cervical disk herniation from recent injury.

10-23-12: New Patient Visit. Claimant has symptoms included left shoulder pain when in therapy and at nighttime with restricted mobility and weakness. He has remained off work since injury. Chief complaint: left shoulder pain 5/10, stiffness 5/10, weakness 5/10, located on the entire extremity, and occurs with activity predominantly during the evening, wakes from sleep. PE: Musculoskeletal: Grip on the left is 12 lbs, on the right is 90 lbs; key pinch is not measured. Shoulder: Motion: left side ROM tests: elevation is 145 degrees (active), 160 degrees (passive), external rotation is 70 degrees (active), 70 degrees (passive). Strength: Left side strength tests: supraspinatus is 4/5 manual motor power, infraspinatus is 4/5 manual motor power, sub scapularis is 4/5 manual motor power. Diagnosis: Left injury plexus 955.0, nerve. Plan: Treatment to date has consisted of pain medication and anti-inflammatories that gave relief. Therapy has improved his motion and strength. Imaging has included x-rays noting no fractures or dislocations, MRI of the left shoulder demonstrating mild supraspinatus tendinosis, EMG/NCS that shows severe left brachial plexopathy. His symptoms included left shoulder pain when in therapy and at nighttime with restricted mobility and weakness. The exam noted the left shoulder, forearm and hand has atrophy that is most likely chronic. His grip on the left is weak. Evaluation of the original pictures reveal atrophy present. Recommend a repeat EMG/NCS to rule out acute vs chronic injury.

10-23-12: Electrodiagnostic Study Request. Clinical Impression Left: CTS, TOS/Plexus, Cubital TS, Cervical Radic. Comments: Left plexus injury that appears chronic. Please evaluate and advise.

11-06-12: Follow-up Visit. Result of Studies: EMG/NCS, left upper extremity: This is an abnormal study consistent with a diffuse chronic left brachial plexopathy with active denervation. There is mild to severe involvement of different muscles of the upper trunk and moderate to severe involvement of different muscles of the middle and lower trunks. Diagnosis: Left plexus injury 955.0, nerve. Plan: Claimant stated that his symptoms are unchanged since last visit. His work status is off work due to no light duty available, exam unchanged. All shoulder motor

power is good except for the triceps. Speaking with the referring doctor, he had intrinsic atrophy on his initial visit. It is difficult to tell if this is an acute or chronic injury based on the EMG/NCS. Recommend expectant management and a light duty program; HEP is all he would need and time.

01-31-13: Follow-up Visit dictated. Chief complaints: left shoulder pain 4/10, located on the entire extremity, and occurs with activity predominantly during the daytime. He is currently off work. PE: Musculoskeletal: Grip on the left is 10 lbs, on the right is 92 lbs; key pinch is not measured. Shoulder: Motion: left side ROM tests: elevation is 150 degrees (active), 160 degrees (passive), external rotation is 70 degrees (active), 70 degrees (passive). Strength: Left side strength tests: supraspinatus is 4/5 manual motor power, infraspinatus is 4+/5 manual motor power, sub scapularis is 5/5 manual motor power. Diagnosis: Left injury plexus 955.0, nerve. Plan: post work related injury diagnosed a left plexus injury that has been treated with oral pain medication that he takes only when needed, therapy and a HEP with improved ROM. The numbness to his left arm has resolved at this time. He is off work, because no light duty available. The exam noted mild improvement in his shoulder elevation strength. The remainder of the exam is unchanged. FCE noted as inability of his performance to match the work capacity. A work conditioning program is reasonable. His current level is light-medium and requirements are medium-heavy. FCE at the end of the WC program for job placement is reasonable. New prescription given today for outpatient therapy. Work type: medium, 7-8 hours; work status: N/A No MMI.

01-29-14: Functional Capacity Evaluation. Required PDC: Very Heavy, Current PDC: light-medium. Chief complaint: left shoulder pain 6/10, aggravated by lifting/carrying, alleviated by rest. Diagnosis: 1.0-shoulder lft strain/sprain, 2.0-pain in limb. Conclusions and Recommendations: Based on data obtained throughout this evaluation, the claimant is currently in a light-medium work classification as determined by NOISH standards. It is medical opinion of the evaluator that he is currently unable to perform their normal work duties without the risk of re-injury to one-self. Test data also indicated that the claimant has significant deficits in muscle strength, ROM, physical demand, and especially in regards to their static positional posture tolerance. The claimant shows signs of depression according to Goldberg exam. Recommendation to follow-up with mental/pain management healthcare provider is indicated at this time. Test data indicates the he has significantly deficits in muscle strength, ROM, physical activities endurance, and static positional tolerance. The claimant is recommendation to begin a more helpful functional oriented rehabilitation program to improve their deficits. A multidisciplinary educational medicine rehab program such as CPMP would be effective in addressing his depression deficits and addressing his ROM issues as well, to get him back to work in a time efficient manner.

02-14-14: Office Visit. Claimant complained of left shoulder pain 6/10. Medication: Ultracet one PO Q8hr PRN pain. It is my medical opinion that the claimant needs as much PT as he can get to maximize his potential recovery as he is responding well. PE: Apley's Test is positive on the left. Dermatomes: C6

hypoesthesia and left C7 hypoesthesia. Assessment: condition is chronic and persistent. Diagnosis: 353.0 brachial plexus lesions, 923.00 contusion of shoulder region. Requested treatment plan: Based on exam findings, an aggressive active treatment plan is recommended at this time is to promote further healing, increased strength, and increased ROM and reduce muscle spasms. The current recommended treatment at this time is 3 weekly visits over the next 4 weeks. At that time the claimant's condition will be re-evaluated. The current treatment plan is made based on the claimant's current complaints, pertinent positive orthopedic tests, pertinent positive physical findings and ROM and strength testing findings. Goals: reduce pain frequency and intensity, discontinue/reduce any inappropriate use of medication, improve symptom management and control, improve body mechanics, improve ROM and increase strength/endurance. Expected Outcome: return to work in some capacity and MMI after appropriate care provided. Follow up in 3 weeks. ROM and MMT testing. Referred to an brachial plexus specialist. Referred for an FCE.

02-18-14: Report of Medical Evaluation. The claimant has not reached a clinical level MMI and currently is pending orthopedic and brachial plexus specialist evaluation and the possibility of surgery.

02-18-14: Functional Abilities Evaluation. Test Analysis: During the standard hand grip strength test, claimant demonstrated hand grip strength considered below normal according to age and sex referenced norms. During ROM testing, he demonstrated restricted left shoulder ROM. Claimant demonstrated the ability to lift 20 lbs from waist to shoulder, 20 lbs from floor to waist, 20 lbs from floor to shoulder on an occasional basis. The claimant demonstrated the biomechanical and physiological changes normally observed when an individual is providing a maximal acceptable effort. Static push 35.6 lbs and static pull 35.6 lbs of force. He demonstrated the ability to work in a kneeling/crouching position, safe use of stairs, and the ability for overhead reaching showing the ability to work with his arms overhead moving 6 of 10 pegs. Claimant felt increased left shoulder pain and tightness during this test. Self report questionnaire completed by the claimant indicated that he perceived himself as moderately disabled in the left shoulder.

02-19-14: UR. Reason for denial: Mechanism of injury was not documented. The request is for PT 3x a week x4 weeks for the left shoulder. The claimant is a male injured worker who was evaluated on 02/14/14. He was complaining of pain with movement, 6/10. The injured worker left shoulder condition is noted to be chronic. The left shoulder ROM which causes severe pain flexion 50 degrees extension 25 degrees abduction 90 degrees. Left shoulder ROM which causes moderate pain adduction 25 degrees internal rotation 35 degrees external rotation 25 degrees. Medication regime was Ultracet. requested PT at this time for treatment for injury. The claimant had a designated doctor exam, which placed the injured worker at MMI on 04/29/13 with 13% impairment. ODG Shoulder criteria: Brachial plexus lesions (Thoracic outlet syndrome): Medical treatment: 14 visits over 6 weeks, post-surgical: 20 visits over 10 weeks. At present, based on the records provided, and the evidence-based guidelines review, the request is not certified. IT is not clear why the patient would not be on

the active, independent HEP recommended by both the ACOEM and the ODG guides at this point in care, especially when the patient is post MMI. Moreover, additional therapy is being requested; however, the total number of therapy sessions received previously is not identified. Treatment outcomes from previous treatments have not been described. Absent such documentation of benefit and the amount of past therapy, medical necessity for additional therapy is not established.

02-28-14: Report of Medical Evaluation. Diagnosis: 353.0, 923.00. The claimant has not reached MMI.

03-06-14: Appeal Letter for Additional Physical Therapy. Disagreed with UR conclusion. EMG/NCS on 8/24/12 and demonstrated: The subacute severe traumatic brachial plexopathy on the left has caused complete paralysis of the deltoid, triceps, brachioradialis, and ulnar innervated hand grip muscles. More PT, reconstructive surgery, and repeat testing were also suggested. The claimant was evaluated on several occasions and additional PT was recommended. The claimant will benefit from additional sessions of PT as it has been very beneficial to him; it also demonstrated in ROM.

03-17-14: UR. Reason for denial: The records available for review indicate that there was a diagnosis of a traumatic brachial plexopathy on the left side. A medical document dated 3/6/14 indicated that an electrodiagnostic assessment obtained on 8/24/12 revealed findings consistent with the presence of a left sided brachial plexopathy. A medical document dated 2/14/14 indicated that subjectively, pain was described as a six on a scale of 1 to 10. Objectively, there was documentation of a positive Apley test on the left side. There was documentation of decreased sensation in the left C6 and C7 nerve root distribution. A left brachial plexus MRI obtained on 8/8/12 revealed no evidence of a brachial plexopathy. A left shoulder MRI obtained 7/26/12 revealed findings consistent with mild supraspinatus tendinosis. A FCE obtained 1/29/14 indicated that objectively, the claimant was capable of light-medium duty work activities. Based upon the medical presently available for review, the ODG criteria will not support this specific request to be one of medical necessity. ODG criteria would support an expectation for an ability to perform a proper non supervised rehabilitation regimen when there has been a previous attempt at treatment in the form of supervised rehabilitation services and when an individual is this far removed from the onset symptoms. As a result, presently, medical necessity for this specific request is not established.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: Denial of 3 x 4 Physical Therapy (PT) visits is UPHOLD/AGREED UPON since the request far exceeds the time frame recommended for basic therapy for Brachial Plexopathy, and there is documentation of clinical stability of function. Submitted clinical notes document PT originally following the injury dated xx/xx/xx. There is question regarding compliance with home exercise program, but a year gap between documented Functional Capacity evaluations January 2013 and January

2014 is notable for stability of function at approximately LIGHT capability (20 lb. Lift). This gap in medical records does leave open the question as to any rehabilitation, such as work conditioning, that took place during that time.

Nonetheless, this case is well beyond basic PT. Therefore, after reviewing the medical records and documentation provided, the request for Physical Therapy x3wks4wk for left shoulder is denied.

Per ODG:

Physical therapy	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 . Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0): Medical treatment: 14 visits over 6 weeks Post-surgical treatment: 20 visits over 10 weeks
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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)**