

Health Decisions, Inc.

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Notice of Independent Review Decision

12-20-13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 sessions of physical therapy for the right shoulder

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

This physician is Board Certified in Orthopedic Surgery with over 40 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:

06-12-13: Initial Evaluation of right shoulder
06-19-13: Physical therapy progress note
07-23-13: Physical therapy progress note
09-04-13: Physical therapy progress note
10-28-13: Physical therapy progress note
11-12-13: UR performed
12-06-13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury on xx/xx/xx. The claimant was diagnosed with a rotator's cuff sprain. An arthroscopic rotator cuff repair, subacromial decompression and distal clavical excision was performed in June 2013 after which claimant was evaluated for physical therapy. The claimant completed an initial 24 sessions of post-operative physical therapy and then was approved for an additional 12 session in September 2013.

06-12-13: Initial evaluation of the right shoulder indicated claimant has pain 8/10, decrease ROM and decreased strength. As evidenced by flexion 10 degrees, NT extension/abduction/internal rotation and 0 degrees external rotation. Strength NT 2 degrees/2 post-op status. Functional reach behind head and behind back lacks NT inches. Claimant was neurologically intact. On palpation, has global tenderness as expected. Claimant rated NT on special tests: impingement, drop arm, empty can, load & shift, clunk and speed's. Plan: PT 2 times a week for 6 weeks.

06-19-13: Physical therapy progress note indicated claimant's pain 6-7/10, flexion 30 degrees, NT extension/abduction/internal rotation and 10 degrees external rotation. NT on all claimants functional reach. No strength changes noted and continues to have global tenderness on palpation. Claimant reports right shoulder felt a little bit looser with last PT visit, but did nothing with it the previous day d/t pain. Assessment: claimant is limited by pain and muscle spasms during manual PROM and is progressing slowly.

07-23-13: Physical therapy progress note indicated claimant's pain 0/10, flexion 95 degrees, extension 30 degrees, abduction 110 degrees, internal rotation 50 degrees and external rotation 30 degrees. No strength changes noted and on palpation there is tenderness at AC and deltoid. Assessment: claimant is making improvements in regards to PROM/AAROM, but continues to struggle with significant pain that limits ADL's such as sleeping.

09-04-13: Physical therapy progress note indicated claimant's pain 4-5/10, flexion 140 degrees, extension 30 degrees, abduction 125 degrees, internal rotation 55 degrees, external rotation 40 degrees. No changes in strength and has AC joint tenderness on palpation. Assessment: ROM and strength continue to slowly improve, but scar tissue and capsular tightness continue to limit overhead motion. Aggressive stretching is tolerated, but pain is consistently 4/10.

10-28-13: Physical therapy progress note indicated claimant's pain 0-4/10, flexion 170 degrees, extension 65 degrees, abduction 150 degrees, internal and external rotation 90 degrees. Strength is 4-5/5 and on palpation tenderness at AC and biceps. Assessment: claimant has progressed very well with ROM and strength over the past 4 weeks. He is on his way to a full recovery and should be able to return to full duty in the near future.

11-12-13: UR performed. Rationale for Denial: The claimant has already completed the total number of postoperative PT sessions as specified by the ODG commensurate with the listed diagnoses. Based on this fact, and based on the documented ROM of the shoulder, the request for more therapy is not deemed to be reasonable and/or necessary; a peer to peer discussion will be initiated. I discussed the case. I explained the rationale for the denial. He stated that on the last visit the claimant was "pretty tight" and that the claimant had 110 to 120 degrees of motion. It should be noted that this degree of motion is not compatible with a "tight" shoulder. With this much motion, the claimant should be on a

regular home exercise program, and should be able to obtain improvement, if that program is performed conscientiously.

12-06-13: UR performed. Rationale for Denial: First, the patient has already completed 37 sessions of post-operative physical therapy and should therefore be well-versed in a self-directed home exercise program that includes range of motion and strengthening exercises. Second, the requested physical therapy greatly exceeds the recommendations of the Official Disability Guidelines without documentation of exceptional factors to support ongoing skilled therapy. Third, the records do not include a recent problem-focused evaluation from the surgeon outlining the medical necessity for supervised therapy versus a home exercise program. Fourth, the physical therapy progress report outlines adequate subjective and functional improvement for home exercise and self-treatment strategies.

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

The previous adverse determinations are upheld. Any further recovery will likely occur with a vigorous daily exercise program at home rather than 2 or 3 visits weekly. In addition, the claimant has already exceeded the maximum amount of physical therapy visits suggested by ODG and has responded well to surgery and post op rehab. There is no indication for additional PT visits at this time. The request for 12 sessions of physical therapy for the right shoulder is denied.

PER ODG:

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
Medical treatment, partial tear: 20 visits over 10 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 (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
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

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)