

# IRO Express Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Jul/17/2014

### IRO CASE #:

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

PT 3 X 2 right shoulder

### 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:

#### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. He fell sustaining a head injury with loss of consciousness. The patient underwent right shoulder arthroscopy with subacromial decompression and mini open rotator cuff repair on 12/04/13. Initial evaluation dated 01/16/14 indicates that right shoulder range of motion is abduction 58, ER to neutral and IR within normal limits. There is moderate tenderness to the entire right shoulder and clavicle. Discharge summary dated 02/28/14 indicates that the patient completed 14 physical therapy visits. Patient's response to therapy is noted to be good. Note dated 04/24/14 indicates that the patient continues with his home exercise program with marked improvement, but has noticed referred pain in the bicep area since surgery. Letter dated 04/24/14 indicates that he has had some improvement in his pain and motion, but he reports he does still have some limitations. Initial evaluation dated 05/13/14 indicates that the patient was referred to PT secondary to significant limitations in right upper extremity function. On physical examination right shoulder flexion is 120 degrees, abduction 80, extension 50, IR 62 and ER 22 degrees. Strength is 3-/5 grossly in the right shoulder. Follow up note dated 06/26/14 indicates that pain is 8/10 and occurs intermittently. Right shoulder range of motion is flexion 115, external rotation 90, internal rotation to SI, abduction 120 degrees.

Initial request for physical therapy was non-certified on 05/21/14 noting that the request at that time was for physical therapy 3 x a week x 6 weeks which exceeds the ODG

recommendation of a 6 visit trial. Additionally, multiple passive modalities were requested at that time which was not in accordance with ODG recommendations. The denial was upheld on appeal dated 06/17/14 noting that the number of previously completed physical therapy visits was not documented. The details of surgery were not documented. There was no noted objective evidence of improvement throughout the unspecified number of completed PT sessions to warrant continued treatment.

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

The patient underwent right shoulder arthroscopy with subacromial decompression and mini open rotator cuff repair on 12/04/13 followed by 14 postoperative physical therapy visits. The patient initially improved and was transitioned to a home exercise program. However, the patient has continued strength and range of motion deficits at this time. The Official Disability Guidelines support up to 24 visits of physical therapy for the patient's diagnosis, and the current request is in accordance with ODG recommendations. As such, it is the opinion of the reviewer that the request for PT 3 x 2 right shoulder is 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**