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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/15/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Occupational Therapy 2 X wk X 4 wks 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 female who injured her right shoulder in xx/xxxx. The clinical note dated 05/18/10 indicates the patient having undergone an MRI of the right shoulder which revealed a large right rotator cuff tear with retraction to the glenoid. The patient was also identified as having a type II acromion as well as acromioclavicular arthritis. Upon exam, the patient had a positive abduction test and a positive Neer's test. The procedural note dated 09/09/13 indicates the patient undergoing a hemiarthroplasty and rotator cuff repair on the right. The operative report dated 09/20/13 indicates the patient undergoing an irrigation and debridement as well as an arthrotomy at the left shoulder. The clinical note dated 01/16/14 indicates the patient being recommended for continued physical therapy. The note indicates the patient showing improved strength through the initial course of treatment. The clinical note dated 02/13/14 indicates the patient having continued with physical therapy. The patient has also been utilizing Celebrex for pain relief. Upon exam, the patient was able to demonstrate 110 degrees of elevation. 4/5 strength was identified at the infraspinatus and subscapularis. Additionally, the patient demonstrated 4-/5 strength at the supraspinatus. The therapy note dated 03/11/14 indicates the patient having completed 37 postoperative physical therapy sessions to date. The patient was able to demonstrate 135 degrees of right shoulder elevation actively. The clinical note dated 03/27/14 indicates the patient stating that she felt improvements with both motion and strength. The patient continued with 5/10 pain at the right shoulder.

The utilization review dated 02/28/14 resulted in a denial for additional occupational therapy for the right shoulder as the request exceeded guideline recommendations.

The utilization review dated 03/27/14 resulted in a denial as the requested 8 additional therapeutic sessions exceeded guideline recommendations. The patient has been identified as having completed 40 physical therapy visits to date postoperatively.

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

The documentation indicates the patient continuing with right shoulder pain despite a previous surgical intervention. The therapy notes indicate the patient having completed 40 physical therapy sessions to date. The request has been made for an additional 8 occupational therapy sessions. 24 physical therapy sessions are recommended following a surgical procedure of this nature. The request for an additional 8 occupational therapy sessions exceeds guideline recommendations as no exceptional factors were identified in the documentation. As such, it is the opinion of this reviewer that the request for 8 occupational therapy sessions 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