

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/19/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eight sessions of physical therapy for the left shoulder

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

Board Certified Orthopedic Surgeon

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

Utilization review determination dated 01/09/14, 01/15/14, 12/05/13

Prospective review response dated 01/31/14

Substantial change assessment dated 01/28/14

Letter dated 01/28/14

Physical therapy plan of care dated 01/03/14, 11/20/13

Physical therapy progress note dated 12/11/13, 12/16/13

Appeal/reconsideration acknowledgement letter dated 01/10/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was stepping up on a curb when she stubbed her toe and fell. The patient sustained a fracture of the left shoulder/proximal humerus. Physical therapy plan of care dated 11/20/13 indicates that left shoulder active range of motion is flexion 67, abduction 51, IR to left PSIS, ER to left ear. Physical therapy progress note dated 12/16/13 indicates that patient has about 120 degrees of flexion. Pain is reported as 0/10. Physical therapy plan of care dated 01/03/14 indicates that active range of motion is flexion 125, abduction 105, IR to T12 and ER to C3. Strength is rated as 4/5 in flexion, internal rotation and external rotation, and 4+/5 abduction. The patient completed 18 sessions of physical therapy. The patient reported that she is 80-95% better since initiation of treatment.

Initial request for 8 sessions of physical therapy was non-certified on 01/09/14 noting that the

requested physical therapy exceeds the recommendations of the Official Disability Guidelines without documentation of exceptional factors that would support therapy exceeding guideline recommendations. Second, the physical therapy progress report suggests the patient is now ready for self-directed home program focusing on progressive range of motion and strength training. The denial was upheld on appeal dated 01/15/14 noting that there were no additional medical records provided for review for the appeal process. Eight more physical therapy sessions would exceed the Official Disability Guidelines. The claimant should be well versed in a home exercise program and the treating physician has not documented the need for additional formal physical therapy versus a self-directed home exercise program.

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

The patient sustained a fracture of the left shoulder/proximal humerus and has completed 18 physical therapy visits to date. The Official Disability Guidelines support up to 18 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for eight sessions of physical therapy for 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