

# Medical Assessments, Inc.

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## Notice of Independent Review Decision

October 8, 2014

### **IRO CASE #:**

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

Physical Therapy 3xWk x 6Wks Right Shoulder

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

The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 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.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was injured on xx/xx/xx. He felt a pop in his right shoulder and had some pain at that time.

04/23/2014: Office visit. **X-ray:** Three views of the right shoulder shows a glenohumeral joint that has well maintained joint space. It does actually look like it has maybe just a small amount of superior migration associated with it, but again, there is no evidence of fracture or dislocation and it seems to be well centered. On the axillary lateral view, again, there is well maintained joint space. The AC joint definitely has some narrowing. There is what appears to be a type III acromion, a very sharp point associated with it that is noted, and the clavicle has a pretty significant prominence as well. **MRI Evaluation:** I see a high-grade rotator cuff tear of the supraspinatus tendon. This tear seems to extend all the way from the anterior aspect of the supraspinatus to the teres minor. The teres

minor does not appear to be involved, but I am going to estimate that this is probably close to a 3.5 cm tear so there is involvement of both the supraspinatus and infraspinatus. The subscapularis tendon appears intact. The biceps tendon appears to be well localized in its groove. There is already the beginning of some fatty infiltration, especially in the Infraspinatus; there is less involved in the supraspinatus that is noted. MRI report shows a large full thickness tear of the supraspinatus and infraspinatus. They measured it at about 3.0 cm. They see some humeral head migration noted. They see some mild supraspinatus fatty atrophy present. I do not agree that there is a lot of teres minor atrophy; I think the teres minor looks intact based on my read, but I do agree with the significant size of this tear. **Assessment:** Right shoulder rotator cuff tear, AC arthrosis exacerbated by recent AC sprain. **Plan:** After clinical and radiographic evaluation, Mr. does have a very substantial large rotator cuff tear that is acute in nature and warranting surgical intervention for surgical repair. We also believe that he has AC arthrosis exacerbated by a recent sprain of his AC joint that we will address at the same time with a distal clavicle resection.

05/01/2014: Operative notes. **Postoperative Diagnosis:** 1. Right shoulder rotator cuff tear. 2. AC arthrosis with sprain. **Procedure Performed:** 1. Right shoulder rotator cuff repair. 2. Subacromial decompression. 3. Distal clavicle excision. 4. Open biceps tenodesis.

05/02/2014: Office visit **PE:** On physical examination, his distal neurovascular status is intact without any significant limitation. **Assessment:** Right shoulder status post rotator cuff repair, subacromial decompression, distal clavicle excision, and open biceps tenodesis.

05/05/2014: PT Evaluation by PT. **Left shoulder Flexion ROM:** active 170 degrees. **Left Shoulder abduction:** 170. **Shoulder Ext. Rotation:** 90 degrees. **Shoulder Int Rotation:** 60 degrees. **Shoulder extension:** 60 degrees. **Elbow flexion:** 120 degrees. **Elbow extension:** 35 degrees. **Wrist flexion:** 55 degrees. **Wrist Extension:** 60 degrees. **Clinical Impression:** Based on the recent surgery date, sling, surgical protocol for advancement, current function limitations, current ROM limitations, and inability to test strength, I have determined pt. is 100% impaired with self-care. I believe in 12 weeks pt. can improve to 40-59% impaired with self-care based on protocol timeline, motivation and prior level of function.

06/13/2014: Office Visit. **HPI:** Patient is about 6 weeks out from surgery. He has intermittent sharp pains and wants to know when he is going to be able to return to work. **PE:** Pt forward elevation is probable to about 100 degrees. His external rotation by his side is probably about 50 degrees.

07/15/2014: PT notes denies shoulder pain. Reports he's able to perform all ADL's but continues to have difficulty with reaching behind him to wash his back. Progressed supine AROM shoulder abduction to sideling. Advised pt. at home he could increase reps and hold time for stretches to increase difficulty once become too easy. Pt has made good progress with ROM, but due to protocol is unable to begin any shoulder strengthening until 13 weeks post op.

08/04/2014: Office Visit. **HPI:** Patient reports pain is getting better and says he has not been able to work yet. Advised that he has been doing PT. **PE:** Patient's forward elevation is probably to about 160 degrees. His abduction is probably to about 80-85 degrees; his external rotation by his side is probably to about 65 degrees, and his internal rotation is to about L2 where he gets to about T8 on the other side. **Medications:** Hlyburide/Metformin, Levothroxine. **Assessment:** Right shoulder status post rotator cuff repair, subacromial decompression, distal clavicle excision, and open biceps tendosis, currently three months out. **Plan:** At this point I think that is still not ready to go back to full duty. WE are going to let him return to light duty with no lifting more than 10 pounds. We are going to see him back in a month's time.

08/07/2014: UR. Rationale for Denial: The requested physical therapy for the right shoulder 3 times a week for 6 weeks is not medically necessary. The 2010 ODG Guidelines will allow up to 24 sessions of physical therapy over 14 weeks. Although the claimant does continue to have limitations, there is no information regarding home exercise or other diagnostic studies included for review.

No date: Letter. Please reconsider the adverse determination of requested of PT visits for the patient. The patient has been treated for 24 visits of pt. starting 5/5/14 with last visit occurring on 7/16/14. The patient had a follow up visit 8/4/14 in which the surgeon requested continued physical therapy to begin the strengthening phase of his rotator cuff repair protocol. The patient has progressed well with ROM, self-care function, and pain reduction, but according to the surgeon's protocol we have not been able to begin shoulder strengthening until this new prescription authorized this progression. PT has HEP including ROM exercises, but his HEP does not include strengthening per surgeon's protocol. protocol does not allow strengthening exercises until 13 weeks post-op. With surgery occurring 5/1/14, strengthening to begin until 08/01/2014. The patient works which includes heavy lifting. The plan would be to resume therapy to initiate strengthening and progress to strengthening HEP to allow the patient to return to work with full function. After speaking with the patient he reports his job does not have light duty work available and he cannot return until he is back at full strength.

08/25/2014: UR. Rationale for Denial: This request for additional physical therapy sessions is non-certified. The claimant s/p rotator cuff repair and acromial decompression and has completed 25 sessions of physical therapy to date. Current official disability guidelines recommend up to 24 sessions after post op rotator cuff repair. I was unable to speak with the requesting provider or obtain additional information. Therefore, according to the submitted notes, request is not supported by current evidence based guidelines and is non-certified.

09/03/2014: Office Visit. **HPI:** Pt has been in our normal rotator cuff repair protocol, so we were going to begin strengthening it last month. Of note, he has had some complications getting therapy approved, and so he has not had any therapy except for his own. He has been suing some bands. **PE:** Patient forward

elevation is probably to about 170 degrees, a little bit better than last time. His abduction is probably somewhere around 80 degrees. External rotation by his side is probably to about 75 degrees, so it is improved. Internal rotation behind his back is still at L2 and has not improved. His external rotation is still significantly weakened on this side. **Plan:** At this point I feel like the patient still does not have enough motion to do his job. We are going to keep him on work restriction of no lifting more than 10 pounds and no overhead activity.

09/15/2014: Letter. Please reconsider the adverse determination of requested physical therapy visits for the patient. The patient has been treated for 24 visits of PT starting 05/05/14 with the last occurring on 07/16/2014. The patient had a follow up visit 8/4/14 and 9/3/14 in which the surgeon requested continued PT to begin the strengthening phase of his rotator cuff repair protocol. The patient has progressed well with ROM, self-care function, and pain reduction, but according to the surgeon's protocol we have not been able to begin shoulder strengthening until this new prescription authorized this progression. PT has HEP including ROM exercises, but his HEP does not include strengthening per surgeon's protocol. protocol does not allow strengthening exercises until 13 weeks post-op. With surgery occurring 5/1/14, strengthening could not begin until 8/1/14. The initial request for additional therapy visits was sent 8/4/14 to allow for this strengthening to begin. The patient works which includes heavy lifting. The plan would be to resume therapy to initiate strengthening and progress to strengthening HEP to allow the patient to return to work with full function. After speaking with the patient he reports his job does not have light duty work available and he cannot return until he is back at full strength. Please see surgeon's daily visits notes 8/4/14 and 9/3/14 to confirm pt. needs continued PT visits. After speaking, she stated was able to complete peer to peer review 8/25/14. However, the last denial notice states peer-to-peer was attempted but message was left at 8:00am. The second was confirmed based on inability to speak with requesting provider for additional information.

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

The adverse determination is upheld. I agree with the previous denials. He has had the full post op patient protocol. He would likely respond to a home program of ROM and strengthening which could be done at least once a day rather than 3 x a week. Therefore, the request for Physical Therapy 3xWk x 6Wks Right Shoulder is non-certified.

**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)**