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Notice of Independent Review Decision

**Date notice sent to all parties:** 10/09/14 (AMENDED 10/09/14)

**IRO CASE #:**

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

Physical therapy once a week for six weeks for the right shoulder

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

Board Certified in 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 of the health care services in dispute.

Physical therapy once a week for six weeks for the right shoulder - Upheld

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

**PATIENT CLINICAL HISTORY [SUMMARY]:**

examined the patient on 12/06/13. He injured his right shoulder in xx/xxxx. He had popping and clicking with movement of the right arm. An MRI from April 2013

was reviewed. He was a current smoker of cigars. He was six feet tall and weighed 204 pounds. He had mild to moderate subacromial tenderness without swelling or effusion. Flexion was 160 degrees and internal rotation was to T10. He received a right shoulder subacromial steroid injection that day. P.T. examined the patient in therapy on 12/11/13 and indicated he would be seen three times a week for four weeks and would receive therapeutic exercises, manual therapy, neuromuscular reeducation, and therapeutic activities. The patient attended therapy on 12/30/13, 1/03/14, 01/07/14, and 01/09/14. On 01/07/14 evaluated the patient in therapy. His range of motion was within normal limits and it was noted manual therapy was no longer needed, but he needed rotator cuff strengthening and scapular stabilization. On 01/13/14reevaluated the patient. It was noted therapy was not helping and the steroid injection actually increased his pain. Another steroid injection was performed at that time. then performed right shoulder arthroscopy with limited glenohumeral debridement, subacromial decompression/acromioplasty, and mini open rotator cuff repair on 02/24/14. reexamined the patient on 03/07/14 for his first postoperative visit. He reported being much improved. recommended therapy twice a week for four weeks on 03/17/14. The treatment to be provided to the patient would be unchanged. The patient attended therapy on 03/21/14, 03/25/14, 03/27/14, 03/31/14, 04/04/14, 04/08/14, 04/10/14, 04/15/14, 04/17/14, 04/22/14, 04/24/14, 04/29/14, and 05/01/14 with Mr. He received therapeutic exercises and activities and manual therapy. On 03/18/14, office requested preauthorization of eight visits of therapy. On 04/04/14, he described mild soreness from therapy, but he was much improved status post surgery. He had mild subacromial and anterior shoulder tenderness. Flexion was 90 degrees and external rotation was 0 degrees. Muscle strength was +5/5. There were no recommendations on the note. On 4/17/14, the patient informed that his shoulder would "stiffen up" between visits. On 05/06/14, the patient was reevaluated in therapy. He was progressing very slowly due to capsular tightness at a moderate to severe level. It was felt he was progressing slowly due to the late start to surgery caused in part by insurance approval delays and resultant capsular hypomobility. Continued therapy two to three times a week for four weeks was recommended with a focus on manual therapy, neuromuscular reeducation, and therapeutic exercises. The patient continued in therapy on 05/08/14, 05/23/14, 05/27/14, 05/28/14, 06/05/14, 06/10/14, and 06/12/14. He received therapeutic exercises and activities, manual therapy, and occasionally neuromuscular reeducation. On 06/03/14, followed-up with the patient. His range of motion was only 75%. Flexion was 140 degrees and internal rotation was to the buttocks. External rotation was 20 degrees. Muscle strength was +5/5. The patient continued in therapy with Mr. on 06/17/14, 06/18/14, 06/24/14, 06/26/14, 06/27/14, and 06/30/14. His treatment was unchanged. On 06/26/14, continued therapy twice a week for four weeks was recommended to work towards functional strength needed for overhead lifting and throwing a ball. They would then progress to an independent home program versus one visit a week. He did not have normal mobility or strength. On 06/27/14, the patient returned. He recommended continued therapy once to twice a week for four weeks. His range of motion was improved to flexion at 160 degrees and internal rotation to L5. External rotation was 40 degrees. On

07/07/14, provided a preauthorization request for additional therapy. On 07/22/14, noted the patient would be seen once weekly for four weeks per insurance limitations to focus on strengthening, range of motion, and joint mobility. He had a delayed return to therapy due to insurance delays and being ill. He noted he had been compliant with his home exercises. He received therapeutic exercises and activities, neuromuscular reeducation, and manual therapy. On 07/29/14, recommended additional therapy. On 08/13/14, Mr. noted the patient was progressing toward his goals and achievements appropriately. It was noted they would reevaluate him at the next appointment for possible discharge from therapy. The treatment provided that day was unchanged. On 08/19/14, noted the patient had not reached his pre-injury range of motion, strength, or joint mobility. It was felt he needed more skilled intervention once a week for four to six weeks. He was working full duty at that time with minimal functional limitations, but noted he lacked the strength he "used to have". Shoulder strength was 4-4+/5. Treatment received was unchanged. On 08/19/14, provided another preauthorization request for therapy. On 08/22/14 provided an adverse determination for the requested physical therapy once a week for six weeks for the right shoulder. On 08/27/14, provided an appeal to the denial of the therapy for the right shoulder. He then reexamined the patient on 08/29/14. It was noted the patient likely had mild osteoarthritis of the AC joint that was aggravated by therapy. Continued therapy once a week for four weeks was again recommended. Shoulder strength was noted to be +5/5 throughout on the right. Flexion was 170 degrees, external rotation was 40 degrees, and internal rotation was to L1. On 09/11/14 provided another adverse determination for the requested six sessions of physical therapy. The patient followed-up on 09/26/14. Right shoulder flexion was 170 degrees, external rotation was 40 degrees, and internal rotation was T12. Strength remained +5/5. He was advised to continue his home exercises and to wean from physical therapy. He was returned to modified duty with lifting restrictions and asked to return in four weeks.

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

The patient is a male who reported injuring his right shoulder at work after lifting something. The patient eventually underwent a right shoulder arthroscopy with subacromial decompression and mini open rotator cuff repair on 02/24/14. He has completed at least 36 formal sessions of physical therapy since the injury based on the documentation provided for review. The evidence based ODG recommend a total of 24 visits over 14 weeks following surgery. The medical documentation showed a gradual improvement in motion and strength. The note of 08/19/14 noted he was working full duty. Strength was reported at 4+ with flexion of 157 degrees, abduction of 152 degrees, external rotation of 85 degrees, and internal rotation of 64 degrees. In addition, it was reported that he was in a home exercise program. The request was denied upon initial review on 08/22/14. Her denial was upheld on reconsideration/appeal on 09/11/14 by orthopedic surgeon. Both reviewers attempted a peer-to-peer without success and cited the evidence based ODG as the basis of their opinions.

The patient is now over seven plus months status post surgery and has completed at least 36 sessions of formal physical therapy. The medical documentation reviewed does not support the medical necessity for continued therapy beyond the recommendations of the evidence based ODG. It would be expected at this point in the treatment plan that he would be on a monitored home exercise program. Therefore, the requested physical therapy once a week for six weeks for the right shoulder it not medically necessary, reasonable, or supported by the evidence based ODG and the previous adverse determinations should be upheld at this time.

**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)**