

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

[Date notice sent to all parties]: October 1, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy, left shoulder and arm x 10 session, therapeutic procedure QTY:
10.00

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

This physician is Board Certified in Physical Medicine and Rehabilitation with over 28 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 whom was injured on the job xx/xx/xx and felt a pop in his left arm. He developed severe pain and could not extend his arm. He was immediately sent for evaluation and returned to work the following day with light duty restrictions; no light duty was available.

07-01-14: L Elbow Shoulder Study Note dictated. Impression: No acute disease.

07-01-14: Work Injury Visit. Complained of L shoulder and L elbow pain due to work related injury. DX: Elbow/Forearm, unspecified and Shoulder/Arm, other. Placed L arm in sling and gave prescriptions for Naprosyn and Ultram, return as needed.

07-01-14: UDS. Results: Negative.

07-08-14: Work Injury Visit. Chief complaint: L wrist, L shoulder, and L arm intermittent pain with lifting and reaching, 6-8/10. Currently in sling and taking Ultram and Naprosyn. Claimant reported tingling to L thumb, numbness to L elbow, and weakness to L arm. PE: moderate tenderness and limited ROM noted; claimant is unable to fully extend L elbow or L shoulder secondary to pain. Flexion strength 4+/5, secondary to pain. No visible evidence rupture. Recommend to start PT, Prednisone and continue Naprosyn, Flexeril and Norco. DX: 841.8 Elbow/Forearm, Unspecified, 842.00 Wrist, unspecified.

07-15-14: SOAP Note. CC: left shoulder, arm, elbow, and wrist pain. The claimant complained of constant sharp pain in his left arm and pain goes to left elbow, forearm and thumb, tingling in left forearm and thumb. PE: Musculoskeletal examination: Left Shoulder: mild tenderness on anterior posterior shoulder and on biceps belly. No tears palpable. ROM: flexion 0-90 active, 0-110 passive; extension 0-50; abduction 0-90 active, 0-120 passive; ext. rot. 0-80; int. rot. 0-80. Left Elbow: mild tenderness around the elbow. ROM: flexion 0-130 painful; extension 0; supination 0-90; pronation 0-90. Assessment: left shoulder sprain, left elbow sprain, left wrist sprain, left wrist sprain. Diagnoses: Sprains and strains of unspecified site of shoulder and upper arm, 840.9; sprain of other specified sites of elbow and forearm, 841.8; sprain of wrist, 842.09. Plan: therapy is recommended. Claimant is returned to work light duty. Medications: Norco 5/325, Flexeril 10mg.

07-16-14: SOAP Note. CC: constant sharp pain of the left shoulder, left arm and pain radiates to the left elbow, forearm, wrist, and thumb. He complained of tingling in the left elbow and thumb. Subjective: Pain: left shoulder 6/10, left arm 4-6/10, left elbow 4-6/10, and left wrist 4-6/10. Musculoskeletal examination: Shoulder (left): symmetry: high shoulder on the right; tenderness: mild tenderness on anterior shoulder; Neer's Test and Hawkins's test are positive. ROM performed to the point of pain (*without abduction): Flexion: L 85, R 180; Extension: L 45, R 50; Abduction: L 75, R 180; External rotation: L 60*, R 90; Internal rotation: L 90*, R 90. Elbow (left): tenderness to ulnar head, + Tinel's sign, + Mill's test. ROM: flexion L 95, R 140; extension: L 25-0 (lag) 0. Wrist/hand (left): tenderness at posterior carpals, radial styloid process and anatomical snuff box, + Phalen's sign, and + Finkelstein's test. Grip strength: L 34, R 100. ROM: flexion: L 55, R 60; extension: L 45, R 60; ulnar deviation: L 15, R 30; radial deviation: L 10, R 20. Diagnosis: left shoulder sprain/strain 840.9, left elbow/forearm sprain/strain 841.8, left wrist sprain 842.9. Functional Limitation Reporting: DASH = 53% impairment in ADL's, goal is to improve from CK (40-59%) to CL (1-19%) impairment in ADL's. Recommended treatment: OT x10 to Left shoulder and arm from 7/21/14 to 9/5/14. Modalities will include: 97110 (Therapeutic exercise) x 3 units per session, 97110 (Therapeutic exercise) x 3 units per session, 97530 (Therapeutic activities) x 1 unit per session. Heating pan and TENS unit are recommended to provide relief and help facilitate the HEP. Instructions on a HEP to include ROM, stretching, and flexibility 3x/week beginning with first session of PT. PPE to evaluate work abilities and update return to work status. Follow-up in 4 weeks or after completion of 10 OT visits.

07-17-14: Office Note/PPE. Current complaints: Claimant complained of constant stiffness and soreness in the left shoulder; sharp pain in the left shoulder when he raise his arm up, when he reach behind and reach outward; constant soreness in the left biceps (insertion area) and increase pain when he extend his left arm/elbow straight; constant stiffness in the left wrist and base of the left thumb; constant tingling sensation in the base of the left thumb; and weakness of left grip. He is right handed and stated that he can perform ADLs independently by using his right arm. Pain level is 4-5/10 left shoulder; 3-4/10 left elbow; 3-4/10 left wrist and thumb. He is currently taking Hydrocodone 325mg once a day, Cyclobenzaprine 10mg 3x a day, and Ibuprofen 200mg 2x a day. Work status: currently not working due to no Light duty available at his workplace. PE: AROM – (+) limitation= all L shoulder ROM; L elbow flexion with a 10 degree extension lag; L wrist flexion and extension. Muscle strength –decreased in all L upper extremity muscles compared to the R due to pain and guarding. Grip strength: moderate deficit in the L compared to the R. Posture/Body mechanics – movements are slow, stiff and guarded; there is favoring observed using his R arm more; he complains of increase of discomfort all throughout the test. Functional Capabilities: Manual abilities = poor tolerance to material handling activity in L arm. Lifting abilities = decreased lifting ability in L arm due to pain; Activity tolerance = L simple grasping – fair; L UE above shoulder level- poor; L UE below shoulder and waist activity- fair; L arm pushing/pulling, lifting, carrying- poor. Posture tolerance = sitting, standing, walking-good. Conclusion/Recommendation: Claimant is unable to perform the full-duty physical demands required at this time. He has restrictions to no lifting, carrying, pushing, and pulling using the L arm; and no overhead reaching.

07-21-14: Daily Progress Note. Claimant complained of L shoulder pain which he rated 5/10 that radiates down arm to the hand which gives him cramps with stiffness and soreness. Claimant completed therapy with some discomfort in his left shoulder, yet made good effort to finish therapy.

07-24-14: UR. Reason for denial: The requested additional occupational therapy x 10 sessions on the left shoulder and arm is not medically necessary and appropriate. Initial physical assessment and treatment plan note dated 07/16/14 notes that the claimant sustained an injury on the left arm and felt a popping sensation. The claimant immediately felt severe pain and inability to extend arm. Currently, the claimant complained of sharp pain in the left shoulder and arm radiating down the left elbow, left forearm, and wrist. The claimant also complains of tingling sensation in the left elbow and thumb. Examination of the left shoulder reveals mild tenderness over the anterior shoulder. There is positive Neer's and Hawkins's test. Postural analysis shows that right shoulder is higher than left. The claimant exhibits limitation of motion on left shoulder flexion at 85 degrees, extension at 45 degrees, abduction at 75 degrees, and external rotation at 60 degrees. Physical examination of the left elbow shows tenderness over the ulnar head. There is positive Tinel's sign, and Mill's test. The claimant exhibits limitation of motion on elbow flexion at 95 degrees and extension at 25 to 0 degrees. Examination of the left wrist and hand shows tenderness over the

posterior carpals, radial styloid process, and anatomical snuff box. There is positive Tinel's sign, Phalen's sign, and Finkelstein's test. Grip assessment of the left and right hand using dynamometer reveals decreased grip strength on the left measured 34 pounds and on the right at 100 pounds. The claimant exhibits limitations of motion on left wrist flexion at 55 degrees, extension at 45 degrees, ulnar deviation at 15 degrees, and radial deviation at 10 degrees. Neurological assessment shows numbness and tingling sensation in the posterior thumb and olecranon. Muscle strength of the left upper extremity is grossly graded 4 to 5/5. Functional assessment using DASH reveals 53 percent impairment in activities of daily living. The provider recommends completion of 10 occupation therapy visits. The claimant has completed 12 PT visits to date. While it is noted that the claimant continues with complaints of pain and limitations, the information submitted does not clearly discuss response to the previous occupational therapy treatment. It is not clear if there has been specific and sustained functional improvement with the therapy performed to date. In addition, it is not explained why the claimant is not yet independently performing a HEP after the instruction thus far. Based on the clinical findings, documentation, and evidence based guidelines, the requested additional occupational therapy is not medically necessary and appropriate.

07-29-14: SOAP Note. CC: left shoulder pain, left arm pain. He complained constant sharp pain in his left arm, left elbow and arm pain with tingling in the left forearm and thumb. Musculoskeletal examination: Shoulder (left): tenderness: mild tenderness on anterior posterior shoulder and on biceps belly, no tears palpable; Neer's Test and Hawkins's test are positive. ROM performed to the point of pain: Flexion: 0-90 active, 0-110 passive; Extension: 0-50; Abduction: 0-90 active, 0-120 passive; External rotation: 0-80; Internal rotation: 0-80. Elbow (left): tenderness around the elbow. ROM: flexion: 0-130 painful; extension: 0; supination: 0-90; pronation: 0-90. Wrist/hand (left): tenderness around wrist joint. ROM: flexion: 0-40; extension: 0-50; ulnar deviation: 0-20; radial deviation: 0-15. Assessment: left shoulder and elbow pain and he is continuing therapy. Diagnosis: left shoulder sprain/strain 840.9, left elbow/forearm sprain/strain 841.8, left wrist sprain 842.9. Recommended treatment: continue therapy and if no improvement, will consider MRI of left shoulder and elbow.

07-29-14: Daily Progress Note. Claimant complained of L shoulder/arm pain 7/10 that is aggravated with driving, getting dressed, holding towel, and washing back. He stated L elbow swelling and flare up that makes it hard to fall asleep at night. Claimant completed therapy today but with pain in the L shoulder, trouble with the low T band. He complained of soreness after therapy.

08-22-14: Request for Reconsideration. Peer reviewer stated that the claimant had already completed 12 sessions of PT to date; however, upon review of his medical records from Clinic, there were no PT visits performed on claimant as it was highly unlikely that the claimant could do 12 PT visits from xx/xx/xx to xx/xx/xx since there are only 10 working days in this time frame. This request does not exceed the ODG recommendations as suggested by the peer reviewer and the request is reasonable and appropriate. Request reconsideration for the

adverse determination and that 10 sessions of PT for the shoulder is medically necessary, reasonable and recommended by evidence based guidelines.

08-25-14: SOAP Note. CC: left shoulder pain, left elbow pain. He complained intermittent pain in his left arm, left elbow and complained of left wrist stiffness. He stated that the pain is getting better and therapy is helping. He continues to take ibuprofen. Musculoskeletal examination: Shoulder (left): tenderness: mild tenderness on anterior posterior shoulder and on biceps belly, no tears palpable; Neer's Test and Hawkin's test are positive. ROM: Flexion: 0-90 active, 0-110 passive; Extension: 0-50; Abduction: 0-90 active, 0-120 passive; External rotation: 0-80. Elbow (left): tenderness around the elbow. ROM: flexion: 0-130 painful; extension: 0; supination: 0-90; pronation: 0-90. Wrist/hand (left): tenderness around wrist joint. ROM: flexion: 0-40; extension: 0-50; ulnar deviation: 0-20; radial deviation: 0-15. Assessment: left shoulder and elbow pain and he has tried therapy. Recommended treatment: MRI of left shoulder and F/U in 4 weeks.

09-02-14: UR. Reason for denial: ODG-TWC identifies best practice PT guidelines for rotator cuff syndrome/impingement syndrome as that which allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT, 10 visits over 8 weeks for medical treatment. In this case, the discussion and documentation do not correlate. The discussion indicates that there has been no OT or PT prescribed for the shoulder however the documentation provided indicates that PT was recommended as early as 07/01/14 and OT was recommended in SOAP note on 07/16/14. With claim review indicating that there has been 12 visits completed since the date of injury and with the discussion and documentation demonstrating inconsistencies, the medical necessity of OT at this time is not established. Non-certification is recommended.

09-05-14: Request for Reconsideration. The rationale for denial is not reasonable and does not follow ODG. If OT or PT was not prescribed & submitted, how could the peer reviewer deny the 1st OT request? The claimant had not received 12 PT visits from xx/xx/xx-xx/xx/xx since there are only 10 working days on this time frame. As such, the request does not exceed ODG recommendations as suggested by the peer reviewer and the request is reasonable and appropriate. Please reconsider for the adverse determination and that 10 sessions of OT for the shoulder is medically necessary, reasonable and recommended by evidence based guidelines.

09-09-14: UR. Reason for denial: There is no clear detail provided as to why the additional 10 sessions of PT is being requested as the claimant has already received 12 sessions of PT that exceeds the guideline criteria and the additional therapy would be further in excess of the guidelines. There was also mention that the claimant's left arm was getting better and should already be well educated enough by now as well as proactive/compliant to do a daily HEP for the long term. Therefore, this request is not medically reasonable or necessary.

09-11-14: MRI Left Shoulder W/O Contrast. Impression: 1. Small region of signal abnormality involving the distal supraspinatus tendon as described most compatible with low-grade partial thickness tear, likely intrasubstance in nature. No high-grade or full-thickness rotator cuff tear, tendon retraction, or muscular atrophy demonstrated. 2. Tiny T2 hyperintensity along the inferior margin of the glenoid labrum may reflect a paralabral cyst. This raises the possibility of labral tear, which could be further evaluated with MR arthrogram as clinically indicated. 3. Mild acromioclavicular osteoarthritis with reactive edema involving the lateral clavicle and small amount of adjacent subcutaneous edema. 4. Mild subacrominal subdeltoid bursitis. 5. Small subchondral abnormalities involving the anterior inferior glenoid are likely degenerative/reactive.

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

Denial of 10 PT visits is UPHELD/AGREED UPON since the request exceeds ODG recommended number of visits and time frame for submitted diagnosis and clinically there is lack of information. There is at least one submitted progress note indicating tolerance and effort with a therapy session. There are no other submitted PT notes to determine the number of attended visits, nor the progress with these visits, nor instruction/compliance with a home exercise program. Physician notes, however, document absolutely no change in shoulder Range of motion over the course of 2 months. Therefore, additional therapy is not necessitated in light of lack of progress. Furthermore, recent MRI suggests pathology and recommendation of further work up which in turn, may change the treatment plan. Therefore, after reviewing the medical records and documentation provided, the request for Physical therapy, left shoulder and arm x 10 session, therapeutic procedure QTY: 10.00 is denied.

Per ODG:

Physical therapy	<p>ODG Physical Therapy Guidelines –</p> <p>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.</p> <p>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</p> <p>Complete rupture of rotator cuff (ICD9 727.61; 727.6) Post-surgical treatment: 40 visits over 16 weeks</p> <p>Adhesive capsulitis (IC9 726.0): Medical treatment: 16 visits over 8 weeks Post-surgical treatment: 24 visits over 14 weeks</p> <p>Dislocation of shoulder (ICD9 831): Medical treatment: 12 visits over 12 weeks Post-surgical treatment (Bankart): 24 visits over 14 weeks</p> <p>Acromioclavicular joint dislocation (ICD9 831.04): AC separation, type III+: 8 visits over 8 weeks</p> <p>Sprained shoulder; rotator cuff (ICD9 840; 840.4): Medical treatment: 10 visits over 8 weeks Medical treatment, partial tear: 20 visits over 10 weeks</p>
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	<p>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</p>
	<p>Fracture of clavicle (ICD9 810):</p> <p>8 visits over 10 weeks</p> <p>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</p>

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)