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Notice of Independent Review Decision

September 1, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OT 3x4 Right Shoulder 97010, 97018, 97022, 97026, 97035, 97140, 97530, 97110

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

The Reviewer is Board Certified in Orthopaedic Surgery with over 15 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 when he fell. He is currently diagnosed with right shoulder impingement rotator cuff syndrome and shoulder joint pain.

Xx/xx/xx: X-ray of Left Wrist. **Findings:** The study is compared to the x-rays done earlier on xx/xx/xx. **Impression:** Satisfactory closed reduction and casting of the comminuted fracture of the distal left radius.

Xx/xx/xx: X-ray of Left Forearm. **Impression:** Distal left radius fracture.

04/09/2014: Letter. **X-ray:** X-ray obtained today shows a comminuted distal radius fracture in good alignment. There is no significant angulation, shortening,

or displacement. The fracture does involve the joint space. **Plan:** Patient is advised that if this fracture displaces he will need an open reduction internal fixation. Emphasized to the patient that he needs to work on finger range of motion and also to avoid stress on the fracture to avoid displacement.

04/16/2014: PT Evaluation.

Assesment: Patient present with signs and symptoms with medical diagnosis.

04/17/2014: PT Daily Notes. **Assessment:** 1. Pt performed treatment activities without exacerbation. 2. Patient tolerated today's treatment well. Swelling has decreased in L fingers, but has not returned to baseline. Patient continues to suffer from impalements including pain, decreased ROM, decreased strength, and poor balance. He is unable to participate in essential work functions such as lifting, carrying, pushing, pulling, and using hand tools. He will continue to benefit from skilled PT services to address impairments and improve function. **Plan:** Continue therapy for reducing impalements and improving functional performance, increasing ROM and strength to promote functional mobility, essential function performance, intervention emphasis on achieving functional goals, body mechanics training to prevent exacerbation of injury, prevention of functional regression, achievement of pre-injury status and instruction in a progressive HEP.

04/21/2014: Follow-up Evaluation. **Current Medication:** hydrocodone.

Recommendations: Continue PT, Medications: Motrin 800 Flexerill 10mg, Norco refilled, Ice therapy as needed, MRI on left hand and without contrast. **Plan:** Patient will continue his molded long arm splint, It is again emphasized to the patient that he needs to work on finger ROM and also to avoid stress on the fracture to avoid displacement. He is to continue PT at Nova for finger ROM.

05/21/2014: Visit Notes. **PE:** Shows the patient has findings compatible with impingement and an injury to the rotator cuff right shoulder. There is pain and palpable crepitus with elevating his arm above shoulder level. This pain and crepitus is some better in the palm up position as opposed to the palm down but not much. He can place his hand behind his head. He can place his hand behind his back. He can touch his opposite shoulder. There is a positive crossed arm sign. There is tenderness to palpation at the AC joint. There is tenderness to palpation at the rotator cuff insertion. There is weakness with overhead activity. **Plan:** the patient is advised that he needs to go ahead with an MRI arteriogram right shoulder. This will be scheduled for him when cleared by workers compensation. In the meantime, he will be referred to Therapy for further PT on his right shoulder.

05/23/2014: Initial Evaluation. **Subjective: Work Status:** Unable to work secondary to dysfunction. Pain: Severity at worst: 10/10. Severity at best 10/10. Relieving Factors: rest. Duration: most of the time; worse at night.

Examination: OT initial evaluation was performed which revealed the following objectives: right shoulder motor strength of 3/5, extension of 30 degrees, flexion of 130 degrees, abduction of 125 degrees, horizontal adduction of 30 degrees,

external rotation of 90 degrees and internal rotation of 45 degrees. **Assessment:** It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 8 weeks.

05/30/2014: MRI Right Shoulder. **Impression:** 1. Full thickness distal anterior supraspinatus tendon tear at the humeral attachment measures 9.5x8.5mm. A small amount of joint fluid secondarily communicates with the adjacent sub acromial/sub deltoid bursa. No significant fatty atrophy. 2. Mild interstitial fluid dissecting along the infraspinatus central tendon representing mild interstitial partial tearing. 3. Mild spurring and edema along the acromioclavicular joint.

06/03/2014: Shoulder Arthrogram W/MR Right. **Impression:** Injection of the right glenohumera joint for subsequent mr arthrogram.

06/03/2014: MR Shoulder W/Con. **Impression:** 1. Partial-thickness tear involving the articular surface of the distal supraspinatus tendon. This is estimated at greater than 70 percent. 2. Small amount of fluid in the sub acromial/sub deltoid bursa which may reflect mild bursitis.

06/04/2014: Visit note (left wrist). **X-ray:** X-ray obtained on 5/21/2014 shows a comminuted distal radius fracture that is no longer in good alignment. There is dorsal angulation, shortening and displacement of the intra-articular fragments. The fracture does involve the joint space. There has been quite a bit of change from his previous x-ray here on 4/9/14 and on 4/21/14. X-ray obtained today shows excellent evidence of healing but there is still the same displacement noted.

06/04/2014: Visit note (right shoulder). **Objective:** PE shows the patient has finding compatible with impingement and an injury to the rotator cuff right shoulder. There is pain and palpable crepitus with elevating his arm above shoulder level. This pain and crepitus is some better in the palm up to position as opposed to the palm down but not much. He can place his hand behind his head. He can place his hand behind his back. He can touch his opposite shoulder. There is a positive crossed arm sign. There is tenderness to palpation at the AC joint. There is tenderness to palpation at the rotator cuff insertion. There is weakness with overall activity. **Plan:** The patient is advised of the findings on the MRI arthrogram report and MRI report. It is recommended that he may be considering a surgery for excision distal clavicle, acromioplasty, and rotator cuff repair at some point. However, at this time, he should continue conservative management.

06/11/2014: Daily Notes. **Assessment:** The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty. **Plan:** Continue with current rehabilitation program.

06/11/2014: MRI Left Wrist WO. **Impression:** 1. Communicated fracture and prominent marrow edema distal radius with intracicular extension and posterior displacement of fracture fragment as visualized series 105 image 10, series 106

image 6 and series 106 image 6. The amount of healing and osseous bridging would be best assessed with plain radiographs and or CT scan if indicated clinically. 2. Marrow edema in distal ulnar metadiaphysis without obvious fracture line as visualized series 103 image 6. Moderate fluid distal radioulnar joint. 3. Central disc triangular fibrocartilage3 is torn best visualized in series 103 image 6.

06/18/2014: Visit note (left wrist). **Objective:** PE shows the patient has swelling of his wrist and hand on the left. Finger ROM is poor. He cannot make a right fist. He cannot fully extend. There is no skin damage. There does not appear to be any evidence of compartment syndrome. Circulation is intact. There is tenderness to palpation at the distal radius. There is not much change from previous visits except his swelling is slightly reduced and he can touch his index finger to his thumb. **Plan:** The patient was advised previously that his wrist fracture is significantly changed and would benefit from an open reduction internal fixation. On his visit of 5/16/14, he was advised that both myself and feel he is no longer a surgical candidate for an elective procedure because of his anemia and rib fractures. It is likely he may need some sort of reconstructive procedure after the wrist is healed. In the meantime he is in therapy.

06/19/2014: Daily Notes. **Assessment:** The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty. Treatment emphasis to focus on: controlling and Normalizing: Pain, mobility, swelling/edema. **Plan:** Continue with current rehabilitation program.

06/24/2014: Daily Notes. The patient has attended 12 visits of therapy for the right shoulder. Updated examination revealed the following objective findings: pain rated 5/6/10, motor strength of 3+/5, impingement pain starting at 90 degrees, total abduction of 125 degrees, pain with palpation, extension of 60 degrees, flexion of 156 degrees, abduction of 150degrees, horizontal adduction of 38 degrees, external rotation of 90 degrees, and internal rotation of 75 degrees. **Assessment:** Pain: decreased. ROM: Increased. Treatment Emphasis to focus on Controlling and Normalizing: Swelling/Edema, Pain, Mobility.

06/27/2014: UR. Rational for Denial: Treatments for his right shoulder have had consisted of pain medications, work restrictions, and PE. He previously completed six sessions of therapy at another facility. He was continuing therapy at Therapy. Continuation of therapy was recommended. However, the requested 12 visits on top of the previous 17 sessions would exceed the 20 treatments recommended for management of the patient's condition. Exceptional indication that would support a substantial number of additional of OT visits had not been documented. Furthermore, guidelines generally recommended no more than four modalities/procedural units in total per visit to allow the therapy visit to focus on those treatments where there is evidence of functional improvement. With the above issues, the medical necessity of this request is not established. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non certified.

07/02/2014: Visit Notes. Patient reported that he has had no improvement with his therapy series and has no more visits scheduled. PE showed findings compatible with impingement and injury to the rotator cuff of the right shoulder.

08/07/2014: UR. Rational for Denial: He is currently diagnosed with right shoulder impingement, rotator cuff syndrome and shoulder joint pain. An appeal request for 12 sessions of Occupational Therapy for the right shoulder is made. The previous request was non-certified based on the grounds that the requested 12 visits on top of the previous 17 sessions would exceed the 20 treatments recommended for management of the patient's condition; that exceptional indications that would support a substantial number of additional OT visits had not been documented; and that guidelines generally recommended no more than four modalities/procedural units in total per visit to allow the therapy visit to focus on those treatments where there is evidence of functional improvement. The Official Disability Guidelines recommend subsequent sessions of physical therapy be contingent on objective findings of functional improvement from prior sessions. The documentation indicated the patient had participated in 12 sessions to address the shoulder. The guidelines recommend up to 20 sessions for medical treatment of shoulder sprains. The requested 12 visits on top of the completed sessions when exceptional factors to exceed are noted. Exceptional factors to substantiate the request were not mentioned. In addition, the record submitted did not show that there was significant improvement especially with motor strength from the completed treatment, the remaining deficits are insufficiently addressed by a fully independent Home Exercise Program to substantiate the request. The guidelines recommend no more than 4 modalities/procedural units in total per visit. The requested CPT codes exceed this recommendation. Given the information, the request is non-certified. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified.

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

The request for twelve additional sessions of physical therapy for the right shoulder is denied.

The Official Disability Guidelines (ODG) supports physical therapy for the treatment of partial tears of the rotator cuff. A total of twenty physical therapy visits over ten weeks is recommended.

The June 2014 MRI/Arthrogram identified a high grade partial tear of the rotator cuff. The patient has already completed seventeen sessions of physical therapy for his shoulder injury. The request for an additional twelve visits of physical therapy is in excess of the twenty recommended sessions of physical therapy.

The additional twelve sessions of physical therapy are not medically necessary.
ODG:

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)**