



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

DATE OF REVIEW: 12/14/2015

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Shoulder Flexionator x 30 days rental.

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

M.D. Board Certified in Orthopedic Surgery and Sports Medicine

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)

PATIENT CLINICAL HISTORY [SUMMARY]

Patient is a male who injured his left shoulder along with his neck, back, and ribs at work when a scaffolding fell on XX/XX/XX. He was diagnosed with a rotator cuff tear in the left shoulder. Patient underwent left shoulder rotator cuff repair and subacromial decompression on 8/17/2015. Notes indicate that 12 post-op therapy sessions were approved but no therapy notes are available that describe his progress and compliance with PT or lack thereof. Range of motion noted on notes from 2 post-operative visits show that he made significant gains in motion in forward flexion from 60 to 170 degrees but made no more than 10 degrees of improvement in abduction, ER, or IR in a month's time when he was apparently using the flexionator. It is not clear whether he was undergoing PT at the same time that he was using the flexionator or if his 12 PT visit were completed prior to the use of the device. Request now is for further 30 days rental of the flexionator.

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

Per ODG references, the requested "Shoulder Flexionator x 30 days rental" is not medically necessary. 30 day rental of the flexionator is not approved in this case. The flexionator is not the only nonsurgical option available at this point. Continued PT in conjunction with the option of doing an intra-articular steroid injection to help with adhesive capsulitis in a post-surgical setting, of which there is no mention trying, could be done. Also, and most significantly, there is no good evidence to support that use of the flexionator is superior to standard physical therapy or even to the natural progression of adhesive capsulitis.



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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- 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