



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:** 02/04/15

**IRO CASE #:**

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

Additional 12 visit of physical therapy for the right shoulder over 6 weeks.

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

Board Certified in Physical Medicine and Rehabilitation

**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 or not medical necessity exists for each of the health care services in dispute:**

- Additional 12 visit of physical therapy for the right shoulder over 6 weeks - Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The date of injury is listed as xx/xx/xx. The described mechanism of injury is not documented. The records available for review indicate that past treatment did include three surgical procedures to the affected shoulder. The affected shoulder was the right shoulder. It is documented that the most recent surgical procedure was accomplished on 07/23/14. Surgery reportedly consisted of a rotator cuff revision with a repair of a superior labral anterior posterior (SLAP). The records available for review indicate that, by 12/23/14, 36 sessions of supervised rehabilitation services had been provided to the claimant.

The claimant received an evaluation on 12/23/14. On this date, there were symptoms of pain in the affected shoulder. It was recommended that the claimant receive access to ongoing treatment in the form of physical therapy services.

A medical document dated 01/06/15 indicated that the claimant had received 38 sessions of physical therapy services. On this date, it was documented that objectively there was a loss of abduction in the right shoulder with respect to range of motion by approximately 10°. There was documentation of what was described as tightness in the rotator cuff musculature with palpation of the right shoulder.

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

Based upon the records available for review, Official Disability Guidelines would not support a medical necessity for additional treatment in the form of postoperative physical therapy services. The records available for review indicate that surgical intervention was performed to the right shoulder on 07/23/14. The records available for review indicate that the claimant has received at least 38 sessions of physical therapy services in the postoperative interval. Official Disability Guidelines typically support up to 24 sessions of physical therapy services in the postoperative interval for the described medical situation. This reference would support an expectation for an ability to perform a proper, non-supervised rehabilitation regimen for the described medical situation when an individual has received access to the amount of supervised rehabilitation services previously provided. As a result, presently medical necessity for this request is not established per criteria set forth by the above-noted reference.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**