

Health Decisions, Inc.
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Notice of Independent Review Decision

January 5, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 Physical Therapy Visits for the Right Shoulder between 11-21-14 thru 01-20-15

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

A Board Certified Orthopedic Surgeon with over 13 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 female that was injured at work on xx/xx/xx when she fell forward and landed on her out stretched arms. She has had a subacromial injection, right shoulder arthroplasty, immobilization, PT, medications and home exercise program with no relief.

04-22-14: Office Visit Report. The claimant presents with right shoulder and wrist injury. She states her right wrist is ok; however her right shoulder is problematic. The claimant received a subacromial injection on 04-08-14. She states pain 1-2/10 prior pain 7/10. The claimant states shoulder feels unstable when raising arm, like it's asleep and a deep discomfort. Upon exam, right shoulder abduction and flexion is 90 degrees both active and passive ROM. 3/5 strength of the supraspinatus, greater tuberosity tenderness, positive Hawkins. She has pain and mild apprehension. With load and shift, she does have pain with anterior shift especially in the ABER position. Impression: Right shoulder impingement with anterior glenoid marginal fracture, labral tear, and anterior instability. Treatment

plan: Right shoulder arthroscopy, debridement, acromioplasty and capsule/labrum repair.

05-07-14: Operative Report. Pre-op Dx: 1. Right shoulder impingement. 2. Anterior glenoid marginal fracture. 3. Labrum tear. 4. Anterior instability. Post-op Dx: 1. Right shoulder anterior marginal glenoid fracture nonunion. 2. Right shoulder labrum tearing of the anterior mid glenoid. 3. Right shoulder type 2 superior labrum anterior to posterior (SLAP) tear. 4. Right shoulder chondral damage to the glenoid margin. 5. Right shoulder bursitis with subacromial impingement. 6. Right shoulder stiffness. Operations Performed: 1. Right shoulder arthroscopy with anterior capsulorrhaphy and labral repair. 2. Right shoulder arthroscopy with superior labrum anterior-posterior repair. 3. Right shoulder arthroscopy with arthroscopic-assisted repair of glenoid marginal fracture. 4. Treatment of glenoid fracture. 5. Right shoulder arthroscopy with subacromial decompression. 6. Right shoulder arthroscopy with arthroscopic debridement. 7. Right shoulder manipulation under anesthesia.

08-19-14: Office Visit Report. The claimant c/o pain 1/10 that increases to 3-4/10 when reaching out. Pain is localized anteriorly and laterally. She has popping as well. Upon exam, right shoulder has abduction 90 degrees, flexion 120 degrees, external rotation 30 degrees with arm at side. Passive abduction is 120 degrees. Gross instability noted. Rotator cuff strength 4/5 and has tenderness posteriorly. Treatment plan: Continue PT.

08-25-14 thru 11-19-14: Physical Therapy Notes. 08-25-14: PROM continues to be limited, flexion 150-160 degrees with moderate pain. 09-03-14: PROM improved but remains limited. 09-10-14: ER to 70-80 degrees.

09-30-14: Office Visit Report. The claimant c/o pain 1/10 that increases to 3-4/10 anteriorly and posteriorly. She denies any instability problems. On exam, flexion and abduction is 120 degrees. 3-4/5 strength of the supraspinatus. Cannot get her into ABER position. The claimant has significant pain with anterior shift and load. She has difficulty with subluxation of glenohumeral joint. 1+ radial pulse. Treatment plan: PT.

10-02-14: Peer to Peer Note. Spoke with and advised him that the claimant does need PT d/t having external rotation, elevation and internal rotation deficits.

10-28-14: Office Visit Report. The claimant c/o 3/10 right shoulder pain. Upon exam, external rotation is 20 degrees at the side. She has pain anteriorly and posteriorly. Treatment plan: Resume PT.

11-26-14: URA. The patient is a female who sustained an injury on xx/xx/xx when she fell forward and landed on her outstretched arm. She is diagnosed with adhesive capsulitis of the shoulder, SLAP lesions and shoulder pain. A request is made for 12 physical therapy visits for the right shoulder. The patient had been evaluated with MRI (1-14-14) and CT scan (2-3-14). She was initially assessed to have an anterior glenoid marginal fracture, a labral tear and anterior instability. A

subacromial injection was administered on 4-8-14. Right shoulder arthroscopy, anterior capsulorrhaphy and labral repair, repair of the glenoid marginal fracture, subacromial decompression, debridement and manipulation under anesthesia were performed on 5-7-14. Subsequent treatments included immobilization, medications, physical therapy and home exercise program. As per 10-28-14 follow up, the patient complained of shoulder pain rated 3/10. There were no mechanical symptoms or instability. She was trying to work on a home exercise program. Examination of the right shoulder revealed flexion and abduction to 120 degrees, external rotation at the side to 20 degrees and internal rotation to the back pocket. She had pain anteriorly and posteriorly. It was difficult to assess for instability. Supraspinatus strength was limited to 3-4/5. These findings were not significantly improved since the previous evaluation on 9-30-14 where flexion and abduction measured 120 degrees, external rotation was 30 degrees, internal rotation reached the back pocket, and strength of the supraspinatus was 3-4/5. It was stated that the patient had 6 therapy visits approved for the next one month. As per 11-19-14 treatment encounter, she had attended 29 therapy visits. She remained symptomatic. PROM on flexion was unchanged at 150-160 degrees compared with the prior visit on 8-25-14 (19th session). Additional PT was recommended. However, the requested 12 visits on top of the previously rendered therapy sessions exceed the 24 treatments recommended for management of the patient's postsurgical condition. There must be documentation of exceptional factors to justify continued skill therapy beyond the guidelines' provisions. Furthermore, the records reviewed did not reflect significant functional improvement despite ongoing therapy. With the above issues, the medical necessity of this request is not substantiated.

12-02-14: Office Visit Report. The claimant states she is doing better. The therapy has been beneficial. The pain is localized laterally 2/10. On exam, abduction 120 degrees, tenderness to palpation over the anterior glenohumeral joint area. Treatment plan: Benefit from more therapy. Showing slow but steady progress.

12-09-14: URA. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The request was previously denied because the requested 12 visits on top of the previously rendered therapy sessions exceed the recommended 24 postsurgical PT treatments. There were no exceptional factors noted to justify continued skilled therapy beyond the guidelines' provisions. Furthermore, the records reviewed did not reflect significant functional improvement despite ongoing therapy. Updated information from the latest consult dated 12-2-14, the patient stated she seems to be doing better. The sharp pain that she was previously having has improved. Examination of the right shoulder showed flexion of 130 degrees and abduction of 120 degrees. External rotation was 30 degrees and internal rotation was to the back pocket. There was tenderness to palpation over the anterior glenohumeral joint area. Strength of supraspinatus was 3-4/5 with associated pain. She has guarding with anterior apprehension. The update information was not able to address exceptional factors to justify skilled therapy beyond guideline recommendations. There is agreement with the previous determination and the

medical necessity of the request is still not established. Therefore, the appeal request for 12 physical therapy visits for the right shoulder is non-certified.

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

The previous decisions are upheld. The patient does not require 12 additional sessions of physical therapy. The patient underwent extensive arthroscopic shoulder surgery in May 2014, which included labral repair, treatment of a glenoid fracture, subacromial decompression, and manipulation under anesthesia. She continues to have limited shoulder motion and weakness, more than six months after her surgery. The Official Disability Guidelines (ODG) supports 24 visits of physical therapy following arthroscopic surgery to address rotator cuff and labral pathology. The patient has already exceeded the recommended number of physical therapy sessions. Additional therapy will have no effect on the clinical outcome of this patient. The request for additional therapy is not medically necessary and therefore non-certified.

Per 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

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)**