



Specialty Independent Review Organization

Date notice sent to all parties: June 3, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of Physical Therapy 2 x Wk x 6 Wks for the left shoulder.

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

The reviewer is a Medical Doctor who is 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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of Physical Therapy 2 x Wk x 6 Wks for the left shoulder.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves an injured worker who sustained a work related injury xx/xx/xx while employed. MRI of the left shoulder without contrast 7/31/2014 was interpreted to show the following:

- No full thickness rotator cuff tear,
- Abnormal superior labrum suggestive of type VI SLAP lesion,
- Patchy areas of muscle edema in the anterior and posterior deltoid, mild contusion versus grade 1 muscle strain,
- Mild insertional tendinopathy of the posterior rotator cuff.

the injured worker went to surgery 09/19/2014 for left shoulder arthroscopic rotator cuff repair, biceps tenodesis, SLAP repair, Bankart repair, lysis of adhesions, subacromial decompression, and distal clavicle resection.

The operative findings included a partial rotator cuff tear of the anterior supraspinatus greater than 60 percent, biceps tear greater than 60 percent right at its base, type II SLAP tear, Bankart tear, multiple adhesions along the anterior superior aspect of the glenohumeral joint as well as the subacromial space anteromedially and posteromedially inferior to the AC joint, subacromial impingement with anterior subacromial osteophyte, and AC joint derangement. The worker continued his postoperative rehabilitation in Burlingame, California. The worker continued physical therapy for about 4 ½ months after the surgery. Further requested treatments were non-authorized. The non-authorization was upheld on appeal.

According to the physical therapy note dated May 7, 2015 the worker was seven months post-surgery and had received physical therapy for 4 ½ months after the surgery but had been out of physical therapy for 2 ½ months. The worker still lacked some range of motion of the left shoulder such that he could not position his left arm next to his ear, he had moderate difficulty clasping his hands behind his head, he could not externally rotate the shoulder while holding his hands behind his head, and could not reach across forward far enough to wrap the left hand around the opposite shoulder. He was unable to lift 10 pounds past horizontal, whereas with the uninvolved side he was able to lift 30 pounds in forward flexion with minimal difficulty. The therapist noted that the treatment protocol did not allow the worker to start lifting heavier weights until 6 to 8 months after the surgery. The therapist recommended more physical therapy and mentioned that an option would be to do a work hardening program which emphasizes strengthening and regaining range of motion through exercise.

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

As noted above, the injured worker and responded to therapy but had completed the authorized treatment sessions 4 1/2 months after the surgery, when he was not yet allowed to proceed with heavier weightlifting. On 05/27/16, deficits in range of motion and strength were documented by the therapist. Further improvement of functional status was expected in response to further therapy.

In the PREFACE, Official Disability Guidelines™ (ODG) pertaining to physical therapy,

When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The records do not discuss exceptional factors except that the treatment protocol did not allow the worker to start lifting heavier weights until 6 to 8 months after the surgery, two months or more after the last authorized physical therapy session.

Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the

program. The reviewed records do not give information about the type of home exercises performed, the type of equipment available to this professional football player, or the amount of progress made in response to home therapy measures. Due to the prolonged time required for recovery and the limited number of physical therapy sessions authorized in the ODG Guidelines, an ongoing home program is a necessary part of the rehabilitation program. Furthermore, according to citations in the M.D. Guidelines pertaining to rotator cuff repair surgery, individuals might require up to one year of continued strengthening and range of motion exercises to maximize the outcome, but overaggressive use of the shoulder may lead to disruption for up to 12 months. Further physical therapy *at a fading treatment frequency* is reasonable treatment plan for “bridging” the injured worker from a home-based exercise program during convalescence to a more vigorous program of supervised rehabilitation exercise when the worker can safely advance to more aggressive use of the shoulder.

Lastly, this gentleman is a professional football player who is required to use his arm in a manner that is outside of the needs of the average laborer. Therefore, although this request is outside of the stated guidelines, his job requires greater strength and flexibility which in and of itself is an exceptional factor. Therefore, the requested treatment is medically necessary.

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)**