

Vanguard MedReview, Inc.

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July 10, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 Sessions/30 hours of Work Conditioning program for the right shoulder at Physical Therapy Today

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

This reviewer is a Board Certified Physical Medicine and Rehabilitation Physician with over 16 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 who was injured on xx/xx/xx when she tripped.

06/08/2015: UR. **Rationale for Denial:** It was noted the patient had a previous request for additional physical therapy denied on April 6, 2015 because there was no specific ROM or functional deficits stated. The denial noted the patient had completed 22 sessions of physical therapy to the right shoulder. The most recent Functional Capacity Evaluation indicates, given the patient's comorbidity of rheumatoid arthritis, success in a work-conditioning program may be limited. There are no indications in the clinical notes provided for review how the patient would be able to accommodate an additional series of extensive physical therapy beyond the normal course of physical therapy already provided. The Official Disability Guidelines indicate work conditioning would be supported for ten sessions over four weeks, or an equivalent of 30 hours, for an additional series of more intensive physical therapy. The most recent physical examination by the treating physician demonstrated range of motion had remained the same, but there were no specific range of motion numbers provided for review.

06/11/2015: Internal Communication. **Diagnosis:** 812.09 Other closed fractures of upper end of humerus, 719.51 Stiffness of joint, not elsewhere classified, involving shoulder region, 728.87 Muscle weakness (generalized) **Message:** was seen for an FCE on 5/19/15. At that time it was recommended that she continue therapy. She has been denied therapy twice and her physician has ordered the work conditioning program. She could benefit from continued intervention with the work conditioning program to help her regain functional use of her right upper extremity so that she can perform her job without restrictions.

06/17/2015: UR. **Rationale for Denial:** The request was previously denied on June 8, 2015 due to the lack of documentation supporting how the patient would be able to accommodate an additional series of physical therapy beyond the normal course of physical therapy already provided and as the patient's range of motion was stated to have remained the same. Additional documentation was submitted with the physical therapy evaluation from June 11, 2015. The previous denial is supported. The Functional Capacity Evaluation indicated given the patient's comorbidity of rheumatoid arthritis, success in a work conditioning program might be limited. There is no documentation in the medical notes provided for review of how the patient could be able to accommodate an additional series of extensive physical therapy beyond the normal course of physical therapy already provided. There is no documentation of increased range of motion or decreased strength with physical therapy provided to date.

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

Denial of 10 sessions/30 hours of work conditioning is UPHOLD/AGREED UPON given documentation by the Occupational Therapist who performed the FCE, that success in work conditioning would be limited by co-morbidity of Rheumatoid Arthritis, and no submitted record by the requesting physician addressing the potential aggravation of this co-morbidity by more intense physical activation required at this level of functional rehabilitation. Despite documentation of shoulder range of motion and strength on the FCE, there is question as to progress in these parameters with the past 22 PT visits, and question regarding instruction in and compliance with a home exercise program. Also given demonstration during the FCE of safe and appropriate body mechanics and compensatory movements, there is a question as to current restricted duty and accommodation of these restrictions, and whether there is a possibility of gradual lessening of restrictions as an alternative functional rehabilitation process.

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)**