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DATE OF REVIEW: 6/03/2015

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Physical Therapy x 12 Sessions.

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

M.D. Board Certified in Occupational Medicine and Urgent Care.

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]:

The patient is a male who has filed a claim for shoulder pain reportedly associated with an injury sustained on xx/xx/xx. Thus far, the claimant has been treated with the following: Analgesic medications; 35 sessions of physical therapy (per a Utilization Review report dated April 8, 2015); opioid therapy; and MR arthrography of the shoulder dated September 29, 2014, notable for a full thickness supraspinatus tendon tear with associated medial retraction.

In a Utilization Review report dated March 16, 2015, the claims administrator stated that the applicant had undergone 35 sessions of physical therapy through this point in time. Additional physical therapy was denied. The applicant appealed.

In a Utilization Review report dated April 8, 2015, the claims administrator stated that the applicant had undergone 24 sessions of physical therapy through this point in time. The previous denial was upheld. The applicant appealed further.

In a physical therapy progress note dated March 13, 2015, it was stated that the applicant had undergone 24 cumulative physical therapy treatments. Documentation indicated the applicant was still using Norco, Flexeril, and Motrin as well as metformin. 3/10 shoulder pain was noted with 104 degrees of active abduction and 150 degrees of active flexion. Documentation indicated the applicant was not working.

In an earlier medical progress note dated November 17, 2014, it was stated that the applicant had undergone an earlier left shoulder rotator cuff repair surgery on November 3, 2014. The operative details and/or precise nature of the surgical procedure (s) undertaken were not characterized.

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

Per ODG references the requested "Additional Physical Therapy x 12 Sessions" is medically necessary. Per an earlier physical therapy progress note dated March 13, 2015, the claimant had apparently undergone 24 sessions of physical therapy through that point in time. ODG's Shoulder Chapter Physical Therapy topic supports a general course of 40 sessions of physical therapy as part of postsurgical treatment for a complete rotator cuff rupture. Here, shoulder MR arthrography of September 29, 2014



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was notable for a full thickness supraspinatus tendon tear with associated retraction, full thickness tearing of the infraspinatus tendon, and partial tearing of the subscapularis tendon. The applicant did have comorbidities, including diabetes, per a March 13, 2015 progress note. The applicant was still using metformin on that date. Significantly limited shoulder range of motion with abduction to 104-degree range was noted. The applicant had failed to return to work. The applicant, in short, had significant residual physical impairment present on the March 13, 2015 physical therapy progress note at issue. Further functional improvement was possible. Additional physical therapy is, thus, indicated to ameliorate the applicant's residual impairment and/or facilitate the applicant's return to regular duty work. Therefore, the request is medically necessary.

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

- AHCP- 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