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## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 04/29/2015

### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Orthopedic Surgery

### **Description of the service or services in dispute:**

PT 2 x 4 right shoulder

**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 female whose date of injury is xx/xx/xx. The patient sustained a displaced right proximal humerus fracture when she fell at work. The patient underwent open reduction internal fixation of right proximal humerus on 08/29/14 and has completed 36 sessions of physical therapy to date. Chart note dated 10/02/14 indicates that she has been doing therapy over the last 4 weeks and she says that she feels considerably better. Note dated 11/13/14 indicates that she continues physical therapy. Chart note dated 12/04/14 indicates that she has elevation to 90 degrees. Chart note dated 02/19/15 indicates that she is pleased to report what is essentially a dramatic improvement. On physical examination she has elevation to over 120 degrees.

Initial request for physical therapy 2 x 4 right shoulder was non-certified on 02/23/15 noting that the patient has already attended 36 sessions of physical therapy status post ORIF of the right proximal humerus on 08/29/14. There are no barriers to home exercises documented. The evidence-based guidelines will typically support up to 24 sessions of postoperative physical therapy. Therefore, the request is not medically necessary. Appeal letter dated 02/26/15 indicates that the patient attended physical therapy postoperatively and initially had a slow course with minimal improvement. Over the past month she has attended physical therapy and has shown dramatic improvement with range of motion and overall function. She continues to

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demonstrate improvement which illustrates why physical therapy is still pertinent at this point. The denial was upheld on appeal dated 03/11/15 noting that according to the ODG Shoulder, physical therapy is recommended up to 18 visits over 12 weeks. In this case, there is persistent weakness and stiffness following ORIF proximal humerus fracture. There is no evidence of significant objective improvement with physical therapy. There have been 36 visits of physical therapy to date. The patient should be able to be transitioned to a home exercise program. There are no medical records with exam, deficit, clinical rationale for additional supervised physical therapy from the treating doctor.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The patient sustained a displaced right proximal humerus fracture when she fell at work. The patient underwent open reduction internal fixation of right proximal humerus on 08/29/14 and has completed 36 sessions of physical therapy to date. The Official Disability Guidelines support up to 24 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for PT 2 x 4 right shoulder is not recommended as medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)