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DATE NOTICE SENT TO ALL PARTIES: Sep/15/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: PT 2 x 4 RT shoulder

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Orthopedic Surgeon

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for PT 2 x 4 right shoulder is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is XX/XX/XXXX. The patient was lifting a 45-pound bag overhead when he felt a sharp pain in his right shoulder. MRI of the right shoulder dated 10/23/14 revealed a high-grade partial thickness undersurface tear involving the supraspinatus tendon at the tendon insertion. The patient underwent right shoulder arthroscopic rotator cuff repair of the subscapularis, subacromial decompression, bursectomy, open subpectoralis biceps tenodesis and distal clavicle excision on 12/17/14. Designated doctor evaluation dated 06/05/15 indicates that the patient had an uncomplicated postoperative course. He continues to participate in physical therapy 2-3 times weekly. The patient was determined to have reached maximum medical improvement as of 05/20/15 with 3% whole person impairment. Note dated 07/07/15 indicates that the patient has completed 37 physical therapy visits. Encounter summary dated 08/25/15 indicates that current medications are acetaminophen-codeine, amphetamine salt combo, azithromycin, celecoxib, chlorzoxazone, Flexeril, hydrocodone-acetaminophen, tramadol, naproxen, levofloxacin, lisinopril, methylprednisolone, Restoril, and sertraline. The patient is nearly 8 months out from a right shoulder rotator cuff repair. He is doing well and feels like he is improving. He has completed all of his therapy sessions. He is doing some home exercise program exercises. On physical examination of the right shoulder there is no tenderness. Active range of motion is internal rotation to T4, external rotation 80 degrees and flexion 170 degrees. Strength is 4/5 supraspinatus, infraspinatus and subscapularis. Effort is somewhat limited and may be related to pain. He has mildly positive Neer and Hawkins test. The patient was recommended to undergo functional capacity evaluation and follow up after the functional capacity evaluation.

The initial request for physical therapy 2 x 4 right shoulder was non-certified on 08/17/15 noting that the patient has attended 36 sessions of physical therapy postoperatively and ODG Shoulder Chapter PT guidelines recommend 24 visits postoperatively for an arthroscopic rotator cuff repair, subacromial decompression and Mumford with open biceps tenodesis. There is a lack of physical examination findings documented that would support the need to deviate further from guideline recommendations versus transitioning to a self-directed home exercise program. The records did not document a home exercise program would be

insufficient to address any residual issues. The denial was upheld on appeal dated 08/25/15 noting that the ODG guidelines will support 24 sessions of postoperative physical therapy for the shoulder. The patient has attended over 36 sessions. The physical examination findings are near-normal and the patient has no pain. It is unclear if the patient has returned to work in any capacity. There are no clinical notes included for review. There are no barriers to home exercises for continued conservative management.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient underwent right shoulder arthroscopic rotator cuff repair of the subscapularis, subacromial decompression, bursectomy, open subpectoralis biceps tenodesis and distal clavicle excision on 12/17/14 and has completed at least 36 postoperative physical therapy visits 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 and the prior denials are upheld.

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

- ACOEM-AMERICA 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)