

**September 14, 2015**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Physical therapy: DDS already received March 13, 2015 – July 10, 2015. Total appointment: 47.

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

Physical Medicine and Rehabilitation Physician

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X 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 patient is a male who injured his left shoulder at work on XX/XX/XXXX while working. He fell at work while checking the stairwells. He hit his left shoulder, head and neck.

On March 13, 2015, the patient underwent physical therapy (PT) initial evaluation. It was noted the patient had a rotator cuff repair on March 10, 2015. He was initially treated, but had continued with shoulder pain and weakness. He had impaired joint mobility, motor function, muscle performance and range of motion (ROM) associated with bony or soft tissue surgical procedures. The patient had a history of diabetes mellitus and was taking metformin along with pain medications. There were concerns that led him to decreased functional ability. He rated his pain at 6/10 at rest and 10/10 with activity. The pain was exacerbated by movement of the upper extremity and household duties. It was relieved by medication and rest. On examination, the left shoulder revealed moderate pain with palpation. The incision site was healing. There was weakness and decreased ROM. The left shoulder passive ROM was flexion 100 degrees, extension 0 degrees, abduction 75

degrees, adduction 0 degrees and internal/external rotation 40 degrees. The provider stated the patient might benefit from PT interventions including manual therapy, therapeutic exercise, neuromuscular reeducation, and modalities as needed for pain management and tissue healing. He was to attend therapy three times a week for four weeks.

On April 6, 2015, the patient underwent therapy re-evaluation. The patient had undergone 11 sessions of therapy since the initial visit. It was noted the patient had no pain. He reported 8/10 pain with movement. He had a follow up appointment on March 20, 2015, and was instructed to discontinue sling on April 3, 2015. On examination, the left shoulder passive ROM was partially met to include flexion at 145 degrees, extension 45 degrees, abduction 125 degrees, adduction 20 degrees, internal rotation 80 degrees and external rotation 55 degrees. He had strength of 3-/5 in left internal rotation otherwise it was 2/5 in remaining. The provider noted that he had made good progress in ROM with phase I rotator cuff protocol and is starting with phase II. He was released from sling. He would benefit from physical therapy three times a week for four weeks.

On May 4, 2015, the patient underwent therapy re-evaluation. The patient had undergone 23 sessions of therapy since the initial visit. Examination of the left shoulder revealed passive ROM was flexion 155 degrees, extension 55 degrees, abduction 145 degrees, adduction 25 degrees, internal rotation 80 degrees and external rotation 70 degrees. The active ROM was flexion 125 degrees, extension 55 degrees, abduction 125 degrees, adduction 25 degrees, internal rotation 80 degrees and external rotation 70 degrees. The left shoulder strength was flexion 3-/5, abduction/adduction 3/5 and remaining 3+/5. It was noted that that patient had progressed well and was recommended continuing therapy three times a week for four weeks.

On May 19, 2015, the patient underwent therapy reevaluation. The patient had undergone total of 30 sessions of therapy since the initial visit. Examination of the left shoulder revealed passive ROM was flexion 155 degrees, extension 55 degrees, abduction 145 degrees, adduction 25 degrees, internal rotation 80 degrees and external rotation 70 degrees. The active ROM was flexion 120 degrees, extension 55 degrees, abduction 125 degrees, adduction 20 degrees, internal rotation 75 degrees and external rotation 60 degrees. The left shoulder strength was external rotation 3+/5, abduction/adduction 4/5 and remaining 3/5. The patient was recommended continuing therapy two times a week for four weeks.

On June 8, 2015, the patient underwent therapy reevaluation. The patient had undergone total of 38 sessions of therapy since the initial visit. Examination of the left shoulder remained unchanged from prior re-evaluation visit and the patient was recommended continuing therapy two times a week for four weeks.

On July 7, 2015, the patient underwent therapy re-evaluation. The patient had undergone total of 46 sessions of therapy since the initial visit. Examination of the left shoulder revealed passive ROM was flexion 155 degrees, extension 55 degrees, abduction 145 degrees, adduction 25 degrees, internal rotation 80 degrees and external rotation 70 degrees. The active ROM was flexion 135 degrees, extension 55 degrees, abduction 130 degrees, adduction 25 degrees, internal rotation 75 degrees

and external rotation 60 degrees. The left shoulder strength was abduction 3/5, flexion 3+/5, extension/internal rotation 4/5, adduction 4+/5 and external rotation 4-/5. It was noted that he had better tolerance to self stretching than manual stretching. The patient was recommended continuing therapy two times a week for four weeks.

Per a utilization review dated July 9, 2015, the request for additional 8 sessions of postop physical therapy to the left shoulder at two times a week for four weeks was denied due to the following rationale: *“Based on treatment to date, this request exceeds ODG (official disability guidelines) recommendations which recommends up to 40 post-op PT sessions for the repair of a complete RTC (rotator cuff) rupture; the continuation of passive therapy at this juncture is not In keeping with ODG and there are no clinical records from the treating doctor. I called to speak on July 9, 2015, at 10:05 am CST and was referred to his nurse, who advised me of the following: employee was last seen on June 15, 2015; employee is currently off work; and employee has a follow-up with on Monday, July 13, 2015. There are no documented exceptional factors to warrant treatment above and beyond recommended ODG guidelines. At this juncture, the employee should be independent with a self-directed HEP (home exercise program) and no longer require outpatient, skilled and supervised PT; or if he is not at his work required PDL (physical demand level), as determined by a FCE (functional capacity evaluation) and a written job description or from the employer, and not a candidate for additional procedures such as injection or surgery, participating in a RTW (return to work) program such as WC (work conditioning). Recommendation is for non-certification.”*

On July 13, 2015, saw the patient in follow-up and noted he had less pain. The patient was requesting medications refills for pain. He was doing PT and made some mild improvement over the last month; however, he still had significant weakness in the left shoulder especially with forward elevation. Examination revealed 4/5 strength with forward elevation. Active forward elevation was only 70 degrees and abduction to 90 degrees. There was a well-healed surgical protal without any evidence of infection, dehiscence or drainage. The assessment was four months status post left shoulder arthroscopic repair to massive retracted rotator cuff tear. recommended continuing formal PT as he had benefited from it. The patient was not recommended to return to work for several months due to profound weakness.

Per reconsideration review dated July 31, 2015, the request for additional 8 sessions of postop physical therapy to the left shoulder at two times a week for four weeks was denied due to the following rationale: *“This is a non-certification of a request for reconsideration of eight sessions of post-operative physical therapy to the left shoulder, two times a week for four weeks. The previous non-certification on July 9, 2015, was due to the current range of motion and strength findings and the request exceeding guideline recommendations. The previous non-certification is supported. Additional records included an evaluation on July 13, 2015. The guidelines would support 30 visits of physical therapy after an open repair and 24 visits after arthroscopic repair. Although the clinician on July 13, 2015, documented deficits in range of motion the physical therapy reevaluation on July 7, 2015, was not consistent with these findings. The request exceeds guideline recommendations. The claimant has had 44 post-operative physical therapy sessions to date. The request for reconsideration of eight sessions of post-operative physical therapy to the left shoulder*

*two times a week for four weeks is not certified.”*

On August 10, 2015, the patient underwent therapy reevaluation by Mr. The patient had undergone total of 48 sessions of therapy since the initial visit. Examination of the left shoulder active and passive ROM remained unchanged from prior re-evaluation visit. The left shoulder strength was abduction 3/5, flexion/external rotation 3+/5, extension/internal rotation 4/5 and adduction 4+/5. The patient was recommended continuing therapy two times a week for six weeks.

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

**Based on the medical records and the procedures performed therapy already exceed ODG recommendations. In addition, his range of motion reported is functional at flexion 155 degrees, extension 55 degrees, abduction 145 degrees, adduction 25 degrees, internal rotation 80 degrees and external rotation 70 degrees. The active ROM was flexion 135 degrees, extension 55 degrees, abduction 130 degrees, adduction 25 degrees, internal rotation 75 degrees and external rotation 60 degrees. Additional therapy is not recommended.**

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

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**