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February 4, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy 12 sessions

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

Orthopedic Physician

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 patient is a female who was injured on XX/XX/XX, but the mechanism of injury was not noted.

On XX/XX/XX, the patient was seen for follow-up of the right proximal humerus fracture and the glenohumeral ligament injury. She was slowly improving with the less pain, but the range of motion (ROM) was still restricted. It was noted that the patient was doing physical therapy (PT) at Concentra. Examination revealed that the patient was improving with about 40 degrees of abduction and forward elevation of about 60 degrees. Internal rotation was limited to the inferior pelvis. She could not scratch her lower back. When the patient tried to touch the back of her head, a lot of motion was scapulothoracic. The diagnosis was right proximal humerus fracture with the glenohumeral ligament injury. Continuing working with restrictions was recommended. PT for two times a week for six weeks was prescribed.

On XX/XX/XX, the patient underwent PT evaluation. The patient reported more stiffness and pain in the right shoulder with the decreased shoulder ROM. She stated she was unable to reach the

height of the wall during the wall crawl exercise. Examination revealed rounded shoulders and guarded use of the right upper extremity. The diagnoses were Hill-Sachs fracture, incomplete tear of the right rotator cuff, internal derangement of the right shoulder, superior glenoid labrum lesion of the right shoulder. She was recommended to continue current treatment plan. She underwent therapeutic exercises, manual therapy and home exercise program (HEP).

Per a XX utilization review, 12 continued Physical Therapy two times a week for six weeks for the right shoulder, as an Outpatient for submitted diagnosis of displaced fracture of the proximal humerus; incomplete rotator cuff tear was denied. Rationale: *“The available clinical information does not support that the request is medically reasonable and necessary. The physical therapy showed poor range of motion and lack of complete PT notes. The patient has attended 16 of 18 authorized sessions of therapy to date. Regardless of which range of motion number is correct, range of motion remains poor. There was no complete set of physical therapy notes submitted, by which plateauing and progress might be assessed. There are no objective indications of progressive, clinically significant improvement from prior therapy. Continuation of therapy should be predicated on a formal assessment validating improvement in function at intervals of 6 sessions. There is no indication as to why supervised therapy is required for this patient. At this point in time, the patient should be proficient in a home exercise program.”*

On XX/XX/XX, XX requested for reconsideration of PT two times a week for six week.

Per a XX utilization review, the reconsideration request for 12 sessions of PT of the right shoulder two times a week for six weeks was denied. The rationale was: *“This is a non-certification of a request for reconsideration of physical therapy, two times a week for six weeks, to the right shoulder. The previous non-certification was due to physical therapy with poor range of motion and a lack of complete physical therapy notes. The previous non-certification was supported. Additional records were not submitted for review. The guidelines would support 18 physical therapy sessions over 12 weeks. The claimant had completed 16 of 18 approved physical therapy sessions. Records do not reflect the progress with the two additional visits nor documentation including a complete physical examination or extenuating circumstances. There is no documentation to support the need for continued, formal physical therapy versus a self-directed home exercise program. The request for reconsideration of physical therapy, two times a week for six weeks, to the right shoulder is not certified.”*

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

The requested additional twelve sessions of physical therapy cannot be recommended as medically necessary. The records indicate that the claimant has failed to show progress with the previous sixteen therapy sessions that were undertaken. Specifically, it does not appear that the claimant has made significant gains in either motion or strength. The most recent records seem to indicate that the claimant is stiffer. The claimant is now over four months from the injury date of XX/XX/XX, and it would seem likely that the claimant would have plateaued with respect to therapy based on

the information reviewed.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines® (21st annual edition) 2016

Shoulder (updated 10/26/15)

ODG -TWC

ODG Treatment

Integrated Treatment/Disability Duration Guidelines

Shoulder (Acute & Chronic)

Back to ODG - TWC Index

(updated 01/20/16)

Physical therapy

ODG Physical Therapy Guidelines

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Rotator cuff syndrome/Impingement syndrome:

Medical treatment: 10 visits over 8 weeks

Superior glenoid labrum lesion:

Medical treatment: 10 visits over 8 weeks

Fracture of humerus:

Medical treatment: 18 visits over 12 weeks