Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0360
Fax: (512) 366-9749
Email: manager@becketsystems.com

Review Outcome

Description of the service or services in dispute:

97110 Therapeutic exercises to develop strength and endurance, range of motion and flexibility (15 minutes)
97112 Neuromuscular reeducation for 15 minutes
97140 Manual therapy techniques (e.g., connective tissue massage, joint mobilization/manipulation and manual traction) (15 minutes)

The request is for XX physical therapy visits for the left shoulder, from XXXX through XXXX.

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Orthopedic Surgery

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

☐ Overturned (Disagree)

☑ Upheld (Agree)

☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

XX who was diagnosed with pain in the left shoulder region, muscle weakness, stiffness of the left shoulder and presence of a left artificial shoulder joint. On XXXX, XX stated XX, on the left side of XX shoulder.

On XXXX, XX was evaluated by XX for left shoulder pain. XX reported XX had very strong and deep tenderness over the left shoulder region. XX rated the pain as 5/10. On examination, there was winging of the inferior angle of the scapula, diffuse tenderness to palpation of the musculoskeletal structure of the left shoulder, decreased range of motion of the left shoulder to about 115/125 degrees of flexion and 106/120 degrees of abduction, internal rotation (HBB) to the left hip at 45 degrees, and external rotation (HBH) to the left ear at 50 degrees. The strength of the left shoulder was noted to be 2-/5 at flexion, 2+/5 at abduction, 2+/5 at internal rotation, 3+/5 at biceps, and 4-/5 at the triceps. The assessment was pain in the left shoulder region, generalized muscle weakness, stiffness of the left shoulder, and the presence of the left artificial shoulder joint. It was recommended that the patient attend physical therapy XX.

A utilization review dated XXXX was completed by XX. Per the note, based on the clinical information submitted for the review, and using the evidence-based, peer-reviewed guidelines, the request was certified with treatment modification for XX physical therapy visits for the left shoulder.

A utilization review dated XXXX by XX, indicated that the concurrent request for XX physical therapy visits for the left shoulder between XXXX and XXXX was non-certified. Rationale: “Per guidelines, the recommended number of physical therapy visits for post-surgical treatment, arthroplasty of the shoulder is 24 visits over 10 weeks. However, there were no documented completed physical therapy visits to date to determine if the current request exceeds the guidelines recommendation. The objective findings documented were limited to validate the patient's response and establish efficacy from the prior physical therapy. Furthermore, there was no clear documentation of significant functional limitations as well as exceptional factors documented to warrant additional supervised therapy versus home maintenance exercise. Thus, the request is not supported.”

Notice of Independent Review Decision

Case Number: XXXXXX Date of Notice: XXXX

A reconsideration utilization review dated XXXX was completed by XX. The concurrent request for XX physical therapy visits for the left shoulder between XXXX and XXXX was noncertified. Per the note, XX opined that based on the clinical information submitted for review, using the evidence-based and peer-reviewed guidelines, the request was noncertified. There were no documented medical records that had any evidence of completion of the physical therapy visits to date to determine if the request exceeded the guidelines recommendation. The objective findings documented were limited to validate XX response and establish efficacy from the prior physical therapy. There were no exceptional factors to support ongoing supervised therapy versus maintenance home exercise. Prior noncertification was upheld.

Treatment to date included left reverse total shoulder arthroplasty with biceps tenodesis on XXXX, rotator cuff surgery on both shoulders, medications (Carisoprodol, Hydrocodone-Acetaminophen, Ibuprofen, Aspirin, Prednisone and Skelaxin), occupational therapy and physical therapy.

On XXXX, an x-ray of the left shoulder showed acute comminuted fractures of the humeral head. On XXXX, an x-ray of the left shoulder showed status post reversal total shoulder arthroplasty of the glenohumeral joint. There was expected air and edema within the joint space and surrounding soft tissues.

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

The ODG recommends up to 24 visits of physical therapy following shoulder arthroplasty. The information available indicates a history of a left reverse total shoulder arthroplasty with biceps tenodesis on XXXX. The most recent provided clinical progress note from XXXX reveals persistent pain, limited motion, and diffuse weakness in the left shoulder with a note that the injured worker does not feel that they are making progress. There is a recommendation for continued physical therapy, but there is no indication of how many physical therapy visits have been completed to date to determine if the current request for XX physical therapy visits is within or exceeds the guidelines, or if a home exercise program would be warranted at this time based on the number of completed visits. As the number of completed visits is not provided, the utilization reviews completed on XX and XX were appropriate in recommending noncertification of the XX physical therapy visits.

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
- ☐ AHRQ-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

  Allow for fading of treatment frequency (XX), 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
  Post-injection treatment: 1-2 visits over 1 week
  Post-surgical treatment, arthroscopic: 24 visits over 14 weeks
  Post-surgical treatment, open: 30 visits over 18 weeks

Sprained shoulder; rotator cuff tear:
Medical treatment, sprain: 10 visits over 8 weeks
Medical treatment, tear : 20 visits over 10 weeks
Post-surgical treatment, arthroscopic: 24 visits over 14 weeks
Post-surgical treatment, open: 30 visits over 18 weeks
Massive rupture of rotator cuff:
Post-surgical treatment, arthroscopic: 30 visits over 18 weeks
Post-surgical treatment, open: 40 visits over 18 weeks
Adhesive capsulitis:
Medical treatment: 16 visits over 8 weeks
Post-surgical treatment: 24 visits over 14 weeks
Dislocation of shoulder:
Medical treatment: 12 visits over 12 weeks
Post-surgical treatment (Bankart): 24 visits over 14 weeks
Acromioclavicular joint dislocation:
AC separation, type III+: 8 visits over 8 weeks
Post-surgical treatment: 24 visits over 14 weeks
Superior glenoid labrum lesion:
Medical treatment: 10 visits over 8 weeks
Post-surgical treatment (labral repair/SLAP lesion): 24 visits over 14 weeks
Arthritis (Osteoarthrosis; Rheumatoid arthritis; Arthropathy, unspecified):
Medical treatment: 9 visits over 8 weeks
Post-injection treatment: 1-2 visits over 1 week
Post-surgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks
Brachial plexus lesions (Thoracic outlet syndrome):
Medical treatment: 14 visits over 6 weeks
Post-surgical treatment: 20 visits over 10 weeks
Fracture of clavicle:
8 visits over 10 weeks
Fracture of scapula:
8 visits over 10 weeks
Fracture of humerus:
Medical treatment: 18 visits over 12 weeks
Post-surgical treatment: 24 visits over 14 weeks

- ☐ 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 Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)