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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 18 physical therapy sessions

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

MD, Board Certified Orthopedic Surgery

REVIEW OUTCOME:

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



Partially Overturned

(Agree in part/Disagree in part)

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 XXXX with a date of injury of XXXX. On XXXX, the patient returned to clinic for complaints of left shoulder pain. XXXX was status post left open subscapularis repair and arthroscopic SLAP repair. XXXX had just gotten out of the sling the week prior and XXXX been attending physical therapy. XXXX reported doing well with much less pain than XXXX did prior to surgery. On exam the patient had good range of motion of XXXX elbow, strength was not assessed, and XXXX had 140 degrees of elevation in scapular plane and external rotation at 30 degrees. XXXX was to continue physical therapy. On XXXX, a physical therapy note indicated the patient had received a total of 21 physical therapy treatments and was making good progress within the allowed to release activity orders per the MD. Pain was rated at 3/10 and the patient was not taking any over the counter medications. Passive range of motion of flexion was 150 degrees and external rotation was to 30 degrees although the patient was not assessed greater than 30 degrees per orders.

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

On XXXX, a notice of review outcome was submitted indicating that Official Disability Guidelines supported physical therapy post-surgical for SLAP repairs for 24 visits over 14 weeks allowing for fading of treatment frequency plus an active self-directed home therapy program. There was insufficient medical documentation to support exceeding the Official Disability Guidelines recommendations. Therefore the request was non-certified.

On XXXX, a notice of reconsideration decision was submitted indicating that the patient had completed 24 post-operative physical therapy visits which was the limit of the recommendations. Independent home exercise program was recommended as there was no documentation that such program would be insufficient.

The patient was status post open rotator cuff repair and arthroscopic SLAP repair. Thus, a total of 30 visits can be received for the open rotator cuff repair, and 24 visits are recommended for the SLAP repair. The patient has been given 24 sessions of physical therapy, and the request is for 18 more, which exceeds the guideline recommendations for both surgical repairs. However, 6 more therapy sessions may be provided, and are in line with the guidelines.

It is the opinion of this reviewer that the request for 18 physical therapy sessions is not medically necessary but 6 therapy sessions, to arrive at the recommended 30 sessions of therapy, are supported; the previous determinations are partially overturned.

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

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

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

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

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

Superior glenoid labrum lesion:

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment (labral repair/SLAP lesion): 24 visits over 14 weeks