



**MEDICAL EVALUATORS
OF TEXAS** ASO, L.L.C.

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: July 19, 2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of Physical Therapy 3xWk x 4Wks for the left shoulder

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH HEALTHCARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Physical Therapist who is currently licensed and practicing in the State of Texas.

REVIEW OUTCOME

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

☒ Upheld

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a XX who was injured on XX while working on a XX when a XX of XX that XX fell on XX. The claimant had MRI of the left shoulder that was performed on XX which revealed "a full thickness rotator cuff tear involving the anterior insertional fibers of distal supraspinatus and infraspinatus tendons; Grade 1 strain of the infraspinatus, deltoid and triceps muscles; Subtle irregularity of the anterior labrum, suspicious for Bankart tear; A notch like defect is identified in the posterolateral superior humeral head; Moderate acromioclavicular arthropathy with inferiorly projecting osteophytes, reducing in the supraspinatus canal; Moderate subacromial/subdeltoid bursitis; and Mild joint effusion and diffuse subcutaneous edema was identified around the shoulder." The claimant was diagnosed with left shoulder dislocation with massive rotator cuff tear. On XX, the claimant underwent left shoulder arthroscopic followed by double-row anchor. Subsequently, the claimant has been treated with postoperative physical therapy from XX to XX (total of XX sessions).

The PT Re-Evaluation by XX, DPT dated XX indicates the claimant was noted to have a verbal pain rating of "2-slight pain" and "4-moderate pain" with sudden left upper extremity abduction. The claimant had mild to moderate tenderness at the left upper trapezius and rhomboids. Objective findings included 135° left shoulder passive flexion; 54° left shoulder passive external rotation; and 94° left shoulder scaption active range of motion. Left shoulder abduction strength was noted to be 2/5; external strength was noted to be 3+/5; shoulder flexion strength was noted to be 2+/5; and shoulder internal rotation strength was noted at 5/5. It was documented that despite improvements, the claimant was unable to "wash XX hair, clean XX back, or reach a high shelf", XX also experiences difficulty with



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“yard work, lifting heavy objects, and getting dressed.” It was noted that progress was limited due to “pain at the end range (AROM or PROM) and RTC weakness.” It was recommended that the claimant would benefit from continued completion of skilled physical therapy services to address XX remaining impairments.

The progress note by XX dated XX indicates the claimant had no swelling, effusion, masses, crepitation, or palpable defects at the left shoulder. The claimant was noted to have 160° (abduction) active range of motion with moderate pain. It was recommended the claimant continue physical therapy as “XX may develop a frozen shoulder if this is not approved in a timely manner” and XX range of motion and strength would not return completely without more physical therapy.

Prior UR dated XX denied the request for physical therapy 3xWk x 4Wks for the left shoulder based on evidence-based guidelines, the Official Disability Guidelines & Treatment Guidelines, “the recommended number of physical therapy visits for post-surgical treatment of rotator cuff syndrome/impingement syndrome arthroscopic is 24 visits over 14 weeks.” The nurse clinical summary documented that the claimant has completed XX post-op physical therapy sessions from XX to XX. “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The current request in addition to the previously completed and/or approved sessions exceeds guidelines recommendation. There was still limited documentation of significant clinical changes to validate the efficacy of prior sessions rendered. There were still no exceptional factors to support ongoing supervised therapy versus maintenance home exercise program.”

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

The claimant is a XX who sustained injury on XX and was diagnosed with left shoulder dislocation with massive rotator cuff tear status post left shoulder arthroscopy followed by mini-deltoid repair of rotator cuff. According to the Official Disability Guidelines (ODG) for postoperative physical therapy for the claimant’s diagnosed condition of shoulder, the claimant should receive 24-30 visits over an 18-week period. According to the records submitted, the claimant has received a total of XX physical therapy visits in over a XX period with lack of significant progress or objective functional improvement and without any explanation of barriers which would limit expected linear progress. The claimant has reached a plateau and should be self-managing XX condition with XX home exercise program. The requested additional 12 sessions of physical therapy exceeds ODG recommendation.

Therefore, based on Official Disability Guidelines and criteria as well as the clinical documentation stated above, the request of coverage for Physical Therapy 3xWk x 4Wks for the left shoulder is not medically necessary and appropriate.



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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES – Online Version
Shoulder (Acute & Chronic) - (updated 7/12/2018)**

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.

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

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

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NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.