

# I-Resolutions Inc.

An Independent Review Organization

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## ***Description of the service or services in dispute:***

Outpatient 4 Sessions (two times a week for two weeks) of Physical Therapy for Bilateral Shoulder

97110 – Therapeutic exercises and treatment for strength and movement recovery

97124 – Massage, each 15 minutes, without direct provider contact

97112 – Re-learning neuromuscular movement

## ***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 is a XX who injured XX bilateral shoulders on XXXX. XX was beginning descent on the steps when XX XX was on, hit some XX. XX caught himself by hanging from the left arm and outstretching the right arm. XX was diagnosed with sprain of the right rotator cuff capsule and sprain of the left rotator cuff capsule.

A functional capacity evaluation (FCE) was performed by XX, PT on XX to objectively quantify ongoing voluntary physical capacity. XX complained of bilateral shoulder pain. Examination showed limited range of motion with the right / left flexion of 135/128, abduction of 135/180, external rotation of 89/65, internal rotation of 42/25 and extension of 34/27 with strength of 4/5 XX was qualified in the medium physical demand capacity. XX felt XX would benefit from physical therapy to improve XX range of motion, which would allow progression of strengthening ability to reach and lift overhead pain free.

Per a progress note dated XX by XX, XX presented with complaints of persistent pain in the bilateral shoulders, rated as 3/10. XX had undergone a functional capacity evaluation (FCE) and the doctor had agreed that XX needed to attend physical therapy for range of motion and strengthening. Examination of both shoulders revealed pain with resisted abduction, less so with internal and external rotation. There was limited range of motion due to weakness of the left shoulder. There was a positive impingement test noted bilaterally.

Treatment to date included medications (XX and XX), left shoulder rotator cuff repair on XX with postoperative physical therapy (with biomechanical limitations and functional limitations). The right shoulder was assessed for the first time in XX and a partial rotator cuff tear was discovered.

XX, MD completed a peer review on XX and opined that the physical therapy for bilateral shoulders two times a week for two weeks was not medically necessary. Rationale: "The ODG recommends up to 10 visits of physical therapy for shoulder sprains. The provided documentation suggests that there has been previous physical therapy. It is unclear if there is current treatment with physical therapy. The number of completed PT visits to date is not provided and the treatment response to previous physical therapy is not provided. Therefore, physical therapy for bilateral shoulders 2 x 2 weeks is not medically necessary".

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## ***Notice of Independent Review Decision***

Case Number: XXXX

Date of Notice: 07/10/18

Per a utilization review dated XX, the specific request for physical therapy for bilateral shoulders two times a week for two weeks was not medically certified by physician advisor. Rationale: "Per physician advisor decision dated XX, the above review was made based on guidelines, which are developed from acceptable standards of practice as recommended by medical specialty societies, the latest evidence from published research, federal agencies, and guidelines from prominent national bodies and institutions."

In a utilization review dated XX the specific appeal for physical therapy to the bilateral shoulders two times a week for two weeks was upheld by the physician advisor. Rationale: "Per physician advisor decision dated XX, the above review was made based on guidelines, which are developed from acceptable standards of practice as recommended by medical specialty societies, the latest evidence from published research, federal agencies, and guidelines from prominent national bodies and institutions."

Per a medical necessity report dated XX, XX, MD opined that the appeal for physical therapy to the bilateral shoulders two times a week for two weeks was not medically necessary. Rationale: "As per Official Disability Guidelines (ODG), "Rotator cuff syndrome / impingement syndrome: Medical treatment: 10 visits over 8 weeks. Self-training may be as effective as physical therapist-supervised rehabilitation of the shoulder. The patient is noted with complaints of pain in the bilateral shoulders. The examination shows limited ROM with strength of 4/5. The pain is rated 3/10. The patient remains off work. However, there is no documentation noting how many visits XX has attended to date. Furthermore, there is limited evidence of clinical issues that do not appear to be able to be addressed by a (likely already related to the patient) prescribed and self-directed protocol. The concerns from the prior denial have not been addressed. In consideration of the foregoing issues and the referenced guidelines, the medical necessity of the requested 4 PT visits is not established at this time. Therefore, the request is not certified."

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

The ODG recommends up to 10 visits of physical therapy for shoulder sprains. The provided documentation indicates a diagnosis of shoulder sprain. In a functional capacity evaluation report from XX, the clinician recommends physical therapy to address persistent functional limitations, but there is evidence of previous physical therapy, and the number of completed visits is not documented. In addition, there is no indication of why a home exercise program would not be sufficient when there has been previous supervised physical therapy. As such, the medical necessity of the requested four visits of physical therapy cannot be determined. Based on the lack of documented number of completed physical therapy visits, recommendation is to uphold the previous denials.

### ***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
- ☐ 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  
Shoulder Chapter

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## ***Notice of Independent Review Decision***

Case Number: XXXX  
Physical Therapy

Date of Notice: 07/10/18

- ☐ 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)

### **Appeal Information**

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:  
Chief Clerk of Proceedings Texas Department of Insurance  
Division of Workers' Compensation P. O. Box 17787  
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.