

Pure Resolutions LLC
Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 7/9/2018 11:21:08 AM CST

Pure Resolutions LLC
An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 779-3288
Fax: (888) 511-3176
Email: brittany@pureresolutions.com

IRO REVIEWER REPORT

Date: 7/9/2018 11:21:08 AM CST

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 16-36 physical therapy visits 2-3 times a week for 8-12 weeks for the right shoulder

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a XX with history of an occupational claim from XX. The mechanism of injury was not detailed in the documentation provided for review. The documentation provided indicates that the patient underwent an arthroscopic rotator cuff repair, biceps tenodesis, glenohumeral debridement on XX. Per the XX physical therapy note, the patient had completed 30 postoperative physical therapy visits. The progress note from XX indicates that the patient presented for follow-up status post the procedure. The patient has made some progress notes that XX pain is getting better. The patient was frustrated by lack of full range of motion. On examination, forward flexion was 140°, passive forward flexion was 150°, right shoulder active abduction was 85° and passive external rotation was 40°. The patient had 5-/5 strength on Job testing. It was noted that the patient has developed some fairly persistent arthrofibrosis in the shoulder. It is noted that the physician does not see the postoperative motion he would like to see at 5 months postop. It was noted that the patient would benefit from continued supervised manual physical therapy.

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

The official disability guidelines recommend 24 postoperative physical therapy visits over 14 weeks following rotator cuff repair. The documentation indicates that the patient previously received 30 postoperative physical therapy visits. There was no clear evidence of the patient's significant objective functional improvement with the previous physical therapy visits. Also, the number of requested visits exceeds guideline recommendations. There was no indication of any

Pure Resolutions LLC

Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 7/9/2018 11:21:08 AM CST

exceptional factors to warrant the need to exceed guideline recommendations.

As such, the request for 16–36 physical therapy visits 2–3 times a week for 8–12 weeks for the right shoulder is not medically necessary and the prior determination is upheld.

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

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

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder, Physical Therapy