

**IRO NOTICE OF DECISION – WC**



Notice of Independent Review Decision

**November 20, 2012**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Physical Therapy 2 x week x 10 weeks (97140 Manual Therapy 20 units, 97110 Therapeutic Exercises 20 units, G0283 Elec Stim Other Than Wound 20 units)

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

American Board of Orthopaedic Surgery

**REVIEW OUTCOME:**

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

- Upheld (Agree)
- Overturned (Disagree)
- 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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- 4-2-12 office visit
- 4-2-12 x-rays of the right shoulder
- 4-2-12 x-rays of the right knee
- 4-2-12 x-rays of the right elbow
- 4-3-12 office visit
- 4-3-12 x-rays of the left wrist
- Physical therapy evaluation on 4-11-12
- Physical therapy on 4-11-12, 4-13-12, 4-16-12, 4-19-12, 4-24-12, 4-28-12, 5-1-12, 5-2-12, 5-8-12, 5-10-12, 5-15-12, 5-25-12, 5-27-12, 6-25-12, 6-26-12, and 6-27-12
- 4-13-12 office visit
- Follow up on 4-23-12
- Follow up on 5-8-12
- 5-14-12 MRI of the right shoulder
- 5-17-12 office visit
- 5-22-12 office visit
- 6-7-12 operative procedure
- 9-6-12 peer review
- 10-4-12 peer review
- Undated letter
- 11-2-12 UR notes that the request for physical therapy is not medically necessary. The claimant has had 40 sessions postop.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

the claimant fell outside on pavement and has pain to the right shoulder. Hand written illegible notes. DWC-73 shows the claimant was returned to work with restrictions on 4-2-12 through 4-15-12.

X-rays of the right shoulder showed degenerative disease at the acromioclavicular joint.

4-2-12 X-rays of the right knee showed large medial soft tissue opacity. Prosthetic replacement of the right knee joint in satisfactory articulating position. No evidence of loosening or other hardware abnormality.

4-2-12 X-rays of the right elbow showed a normal study of the right humerus.

4-3-12 the claimant complains of left wrist pain that she rates an 8/10. Hand written illegible notes.

4-3-12 X-rays of the left wrist showed fracture of the triquetrum. Possible avulsion of the trapezium.

Physical therapy evaluation on 4-11-12.

Physical therapy on 4-11-12, 4-13-12, 4-16-12, 4-19-12, 4-24-12, 4-28-12, 5-1-12, 5-2-12, 5-8-12, 5-10-12, 5-15-12, 5-25-12, 5-27-12, 6-25-12, 6-26-12, and 6-27-12.

the claimant fell on pavement outside onto right arm and right knee, pain in right upper arm that she rates an 8/10. Hand written illegible notes. Plan: Continue PT. New MRI of shoulder. DWC-73 shows the claimant was returned to work with restrictions on 4-13-12 through 4-30-12.

Follow up on 4-23-12, the claimant rates her pain an 8/10. Hand written illegible notes. DWC-73 shows the claimant was returned to work with restrictions on 4-23-12 through 5-8-12.

Follow up on 5-8-12, DWC-73 shows claimant was returned to work with restrictions on 5-8-12 through 6-8-12.

5-14-12 MRI of the right shoulder showed full thickness, full-width tear of the supraspinatus tendon and infraspinatus tendons with associated significant tendon retraction and early muscle atrophy. Proximal migration of the humeral head. AC joint arthritis and subacromial spurs are noted. Moderate biceps tendinosis. Small joint fluid extends to the subacromial and subdeltoid bursa.

5-17-12 the claimant states she fell directly onto her right shoulder when she had a fall on a rock during a fire drill. Exam shows a little bit of decreased sensation to the radial aspect of the hand, but that is in the median nerve distribution. Right shoulder shows some pain to palpation over the AC joint and a little bit of pain over the rotator cuff and some pain posteriorly. She has pretty much no active forward elevation. External rotation is also weak. Impingement is slightly positive and AC joint compression test is positive. She has a little bit of pain over her biceps tendon. Impression: Right shoulder rotator cuff tear, subacromial impingement, acromioclavicular joint arthritis, biceps tendonitis, and some arthritis of the glenohumeral joint. Plan: Consider arthroscopy with a decompression, a distal clavicle excision, and a biceps tenotomy. She is going to get cardiac clearance. DWC-7 was left blank.

5-22-12 the claimant presents for a preoperative consultation. Impression: female with planned surgery for shoulder arthroplasty. Plan: Discontinue Plavix and ASA 14 days before surgery.

6-7-12 preoperative diagnosis: Right acute-on-chronic rotator cuff tear. Acromioclavicular joint arthritis, impinging on the rotator cuff. Biceps tendinitis/tearing from injury. Subacromial impingement. Fraying of labrum. Postoperative diagnosis: Right acute-on-chronic rotator cuff tear. Acromioclavicular joint arthritis, impinging on the rotator cuff. Biceps tendinitis/tearing from injury. Subacromial impingement. Fraying of labrum. Procedure: Right shoulder: Mini-open rotator cuff repair of acute-on-chronic tear. Arthroscopic distal clavicle excision. Arthroscopic glenohumeral joint debridement, limited. Arthroscopic biceps tenotomy. Arthroscopic subacromial decompression.

9-6-12 peer review. Additional PT x 12 visits for the right shoulder is not medically necessary; however, 10 sessions are approved. The claimant had a massive cuff tear that was repaired with an open technique. The ODG recommends 40 visits to restore function. The claimant has full passive motion per the AP. However, there is weakness; as such, 10 more visits with transition to a HEP is recommended to restore function.

10-4-12. Twelve additional post-operative physical therapy sessions to the right shoulder are not medically necessary. The documentation submitted does not support this request. The claimant has had forty physical therapy sessions. There were no medical records from the treating AP to assess current deficits or evidence of objective signs of improvement with prior physical therapy. The request exceeds evidence based guidelines. There was no clinical rationale for additional supervised physical therapy versus the transition to a home exercise program. For all these reasons, the request cannot be certified. Therefore, twelve additional post-operative physical therapy sessions to the right shoulder are not medically necessary.

Undated letter from, notes the claimant needs further postop physical therapy to prevent atrophy and disuse of her shoulder muscles. The majority of her physical therapy was done prior to her surgery and prior to the discovery that the subscapularis tendon was completely ruptured. He felt with a high degree of medical certainty that 20 sessions over at least 10 more seeks of strengthening exercises and isometrics with physical therapy guidance would significantly improve her range of motion and thus decrease her impairment rating. She is not yet at clinical MMI and needs more rehab.

11-2-12 UR notes that the request for physical therapy is not medically necessary. The claimant has had 40 sessions postop.

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

This file reveals conflicting information as to the number of physical therapy visits that have been accomplished. The treating physician states that much of the PT

visits were before the claimant had surgery. This would likely be the case. Therefore, the request for Physical Therapy 2 x week x 10 weeks (97140 Manual Therapy 20 units, 97110 Therapeutic Exercises 20 units, G0283 Elec Stim Other Than Wound 20 units) is reasonable and medically indicated.

**Per ODG 2012 physical therapy:**

Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):

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

Complete rupture of rotator cuff (ICD9 727.61; 727.6)

Post-surgical treatment: 40 visits over 16 weeks

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**