

**Maturus Software Technologies Corporation
DBA Matutech, Inc.
881 Rock Street
New Braunfels, Texas 78130
Phone: 800-929-9078
Fax: 800-570-9544**

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IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 postoperative physical therapy visits

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

American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME:

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX who was injured on XXXX. XX had XX right arm and injured XX right shoulder.

On XXXX, XX, evaluated the patient for right shoulder pain. The patient had been treated with XX, ice application and home exercises at home. However, the shoulder pain worsened over the last XX. The past surgical history was notable for a hand surgery. The shoulder exam was notable for tenderness over the anterolateral border of acromion, weakness, and passive flexion at 160 degrees, painful arc between 120-160 degrees and passive glenohumeral abduction at 150 degrees. The Neer's and Hawkins' tests were positive. A magnetic resonance imaging (MRI) dated XXXX, was reviewed. It showed full-thickness rotator cuff tear of the supraspinatus and superior subscapularis. The patient was diagnosed with complete right rotator cuff tear of the supraspinatus and superior subscapularis; and right shoulder impingement syndrome. XX recommended shoulder surgery.

On XXXX, XX performed right shoulder arthroscopic subscapularis repair as well as supraspinatus repair. The subscapularis repair was done within the glenohumeral joint. The supraspinatus tendon repair was done in the subacromial space. Arthroscopic subacromial decompression and extensive debridement including rotator cuff as well as labrum was performed. The postoperative diagnoses were right shoulder rotator cuff tendon tear with a subscapularis tear, supraspinatus tendon tear, impingement with type 1 SLAP tear, posterior labral tear of the posterior glenoid labrum, tear of the subscapularis from the superior aspect fo the lesser tuberosity, tear at the bursal side of the supraspinatus tendon as well as impingement in the subacromial space with a downward sloping acromion.

From XXXX, through XXXX, XX noted the patient had pain. On the exam, the surgical incisions were dry, clean and intact without signs or symptoms of infection. XX removed sutures, applied Steri Strips, prescribed promethazine and Norco; and recommended to continue ultrasling. The patient was off work.

On XXXX, XX noted the patient was not in the sling. XX instructed the necessity of sling use and recommended physical therapy (PT) from the next week.

From XXXX, through XXXX, the patient attended PT at XX. The assessment dated XXXX, revealed the passive ROM showed flexion 110 degrees, abduction 160 degrees, left rotation 90 degrees and right rotation at 75 degrees. On XXXX, the PT assessment revealed the passive ROM showed flexion 160 degrees, abduction 140 degrees, left rotation 90 degrees and right rotation at 80 degrees. On XXXX, the PT assessment revealed the active ROM was flexion 140, abduction 140, left rotation 75 and right rotation 75 degrees. The passive ROM showed flexion 160 degrees, abduction 165 degrees, left rotation 90 degrees and right rotation at 90 degrees. The strength was 4/5.

On XXXX, and on XXXX, XX continued therapy.

On XXXX, the PT referral form from XX indicated the patient was recommended additional PT XX with active, passive and resistive exercise according to the rotator cuff repair protocol.

Per utilization review dated XXXX, request for 12 postoperative PT visits for the right shoulder was denied. Rationale: *“Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. On the nurse clinical summary, upon verification with the provider's office, the patient had already completed XX post-operative physical therapy visits from XXXX to XXXX. The requested PT visits in addition to the completed PT visits exceeded the guideline recommendations. In addition, the objective responses from the submitted PT reports were limited to establish a clear comparison of objective functional improvement and its efficacy from the prior therapy. There are no exceptional factors identified to support ongoing supervised therapy versus a maintenance home exercise program.”*

On XXXX, XX was notified about the denial.

On XXXX, XX noted the patient continued to experience weakness and stiffness. The exam revealed weakness on rotation in resisted external rotation, and the weakness in scaption were improving. The passive internal rotation was 75, external rotation 85, flexion 170 and abduction 140 degrees. The active flexion was 170 and glenohumeral abduction was 95 degrees. A home exercise program (HEP) was continued until PT approval.

On XXXX, XX completed an appeal letter stating “any time that there is a subscapularis repair in addition to a supraspinatus tendon repair done, the PT required tends to be more extensive. The patient has progressed well with PT and HEP. However, XX continues to have weakness and while XX supraspinatus strength is returning within the guidelines, the return of XX subscapularis strength has been slightly delayed. It is necessary for XX to continue to have formal PT in addition to HEP. In addition, we received a message regarding a peer to peer with XX without a date or time due, and when we called to complete the peer to peer, we did not receive a callback, but received the denial.”

Per a reconsideration dated XXXX, the denial for 12 postoperative PT sessions was upheld. Rationale: *“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 objective response documented from the physical therapy received were limited to note efficacy. There was also no clear documentation of the completed physical therapy visits to date to determine if the current request exceeds the guidelines recommendation. Furthermore, there was no clear documentation of significant functional limitations, as well as an exceptional factor documented to warrant additional supervised therapy versus home maintenance exercise. The previous determination is upheld.”*

On XXXX, XX was notified about the denial

On XXXX, XX noted the patient had passive forward flexion of 175 degrees and passive abduction 170 degrees. The patient had improved strength with scaption noted clinically on the given date. XX also had improved strength with internal rotation of the right shoulder status post repair. XX provided XX for strengthening exercises during HEP. XX noted the patient would need to use XX at work, which XX was unable to do currently and hence was placed off work

for next XX.

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

The individual has attended XX formal therapy sessions and the requested PT visits in addition to the completed PT visits exceeds the guideline recommendations. There are no exceptional factors identified to support ongoing supervised therapy versus a maintenance home exercise program. In addition, review of ODG recommendations can allow up to thirty therapy sessions for massive tears. Massive tears are identified to include the supra and infraspinatus muscles and can include the subscapularis. This does not appear to be the case as only the supraspinatus and subscapularis tears were identified. Therefore, the individual does not meet the criteria for additional therapy above the twenty-four recommended as it does not appear to be medically necessary per ODG.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES