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April 30, 2018

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Physical Therapy services - additional 8 sessions

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

American Board of Physical Medicine & Rehabilitation
American Board of Pain Medicine

REVIEW OUTCOME:

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

X Partially Overturned (Agree in part/Disagree in part)

Medical documentation **partially supports** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX who was injured on XXXX, when XX. XX stated as XX instinctually turned to XX left to XX and XX left shoulder resulting in "excruciating pain" in the left shoulder region.

From XX, through XX, the patient attended physical therapy (PT) at XX. On XX, the patient reported ongoing persistent pain in the shoulder. The evaluation determined the decrease in functional status for this patient. The patient was discharged from the PT because of the denial of further authorization.

On XXXX, a magnetic resonance imaging (MRI) of the left shoulder was completed at XX. The study revealed complete supraspinatus tendon tear with tendon retraction and mild atrophy. Full-thickness tearing involving the anterior fibers of the infraspinatus tendon was seen. An anchor had been pulled from the greater tuberosity and was retracted along with the torn tendons. Changes of the prior rotator cuff repair were seen. A graft was seen extending from the anterior greater tuberosity to the superior glenoid that appeared new since the prior study and appeared intact. There was moderate acromioclavicular (AC) joint degeneration. Moderate subacromial/subdeltoid fluid was seen. There was a narrowing of the acromiohumeral distance from superior subluxation of the humeral head from the rotator cuff tear. Mild degenerative changes in the glenohumeral joint were seen. There was moderate joint effusion with synovitis. There was blunting and irregularity of the superior labrum likely from old tearing and also postoperative change. There was degeneration/fraying in the labrum elsewhere with suspected tearing in the posterior inferior labrum. There was biceps tenodesis.

Per a Physical Therapy Request dated XXXX, XX, the patient was scheduled for the left reverse total shoulder arthroplasty on XXXX. XX ordered postoperative PT.

On XXXX, XX performed left shoulder reverse total shoulder arthroplasty and removal of the implants. The postoperative diagnoses were the left rotator cuff arthropathy and retained orthopedic implant.

On XXXX, the patient underwent an initial postsurgical PT evaluation at XX by XX. The patient complained of left shoulder pain, VAS 5-9/10. The left shoulder active range of motion (ROM) was notable for flexion 30 degrees, extension 5 degrees, abduction 45 degrees and external rotation 0 degrees. Therapy XX was proposed.

From XXXX, through XXXX, the patient attended XX sessions of PT at XX consisting of manual therapy, therapeutic exercises and self-care/home management training. On XXXX, PT progress note indicated that the patient continued to have shoulder pain and functional limitation. XX pain level was 4-8/10. The left shoulder active flexion was 125 degrees, extension 30 degrees, abduction 105 degrees, internal rotation 25 degrees and external rotation 35 degrees. The left shoulder gross strength was 3/5 in flexion, extension, abduction, internal and external rotation. The passive flexion was 150 degrees, extension 40 degrees, abduction 170 degrees, internal rotation 25 degrees and external rotation was 35 degrees. XX noted that the patient was showing slow but consistent progress with strength and ROM in line with XX protocol restrictions. It was felt that the patient would benefit from skilled PT to address XX physical and functional limitations to enable XX to return to XX prior level of function to enable XX to return to XX prior occupational status. PT XX was recommended.

On XXXX, a Partial Certification Notification Letter documented that additional outpatient PT was only partially certified. Rationale: *“Based on the clinical information provided, the request for PT 8 visits is partially certified for 3 sessions. The patient underwent left shoulder reverse total arthroplasty. Per telephonic consultation with XX, the patient has completed XX postoperative physical therapy visits to date. An additional 3 sessions at this time should be adequate this far out from surgery with an emphasis on instruction in and transition to an independent, self-directed home exercise program.”*

From XXXX, through XXXX, the patient attended XX sessions of PT at XX.

On XXXX, XX submitted a Redetermination Request. It was stated that since the time of surgery, the patient had progressively made functional progress, but had not reached the end of PT progressions. According to the surgeon’s protocol, XX had just begun the phase of therapy that allowed for weight training to build strength to a normal level. XX also still complained of increased pain levels daily. It was felt that the patient would benefit from continued skilled PT to safely progress XX functional use of the shoulder without further injury or damage to the surgeon’s work.

An Appeal Determination Letter dated XXXX, documented that the denial was upheld based on the following rationale: *“The request for reconsideration of the partially approved PT 8 visits is not recommended as medically necessary. The patient underwent left reverse shoulder arthroplasty on XXXX. The only clinical information provided is a copy of the surgeon’s protocol post reverse total shoulder arthroplasty. The patient reportedly has progressively made functional progress, but there were no daily physical therapy progress notes submitted for review with documentation of progress in response to treatment. No current physical examination was submitted for review with evidence of improved range of motion measurements, increased strength, or changes in ADLs. Without additional clinical data and insight, medical necessity is not established.”*

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

Official Disability Guidelines: 2018 Shoulder. Post-surgical treatment ,arthroplasty, shoulder: 24 visits over 10 weeks. After review of the PT notes, the objective findings indicate that the patient has been performing the strength training therapeutic exercises. The patient should be transitioned to an Independent HEP at this time. Therefore, 2 additional sessions, not 8, are reasonable to instruct the patient safely. The patient has already completed the 24 visits allowed per the 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