

# P-IRO Inc.

An Independent Review Organization  
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Notice of Independent Review Decision

**DATE OF REVIEW:** AUGUST 7, 2007

**IRO CASE #:**

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

Right shoulder manipulation under anesthesia

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

Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Office notes, Dr., 06/02/06, 09/19/06  
Operative report, Dr., 07/1/06  
Office notes, Dr., 10/04/06, 10/26/06, 01/19/07, 01/29/07, 02/07/07, 03/12/07, 05/07/07, 06/18/07 and 07/12/07  
MR/arthrogram of the right shoulder, 10/18/06  
Operative report, Dr., 01/16/07  
Re-evaluation, physical therapy, 03/13/07, 04/04/07, 05/07/07, 05/23/07, 06/11/07, 07/16/07  
Peer review, Dr., 06/22/07  
Letter, Dr., 06/25/07  
Discharge summary report, physical therapy, 06/25/07  
Peer review, Dr. 07/09/07

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

This male was diagnosed with a right shoulder rotator cuff tear following an injury. On 07/11/06 he underwent arthroscopic rotator cuff repair by Dr. The claimant continued to have pain and poor motion and came under the care of Dr. on 10/04/06. At that time he was unable to abduct or forward flex past 30 degrees actively. Passively he could abduct and forward flex to 160 degrees. A 10/18/06 MR/arthrogram of the right shoulder demonstrated a full thickness tear of the supraspinatus tendon with at least 3.6 cm of retraction. On 01/16/07 Dr. performed open shoulder surgery with revision, right shoulder rotator cuff repair and limited acromioplasty.

The claimant began physical therapy on 01/25/07. At the 03/12/07 visit with Dr. the claimant could passively abduct to 100 degrees. Active range of motion was added to the therapy regimen. Per the physical therapy note on 04/04/07, after the completion of 21 therapy visits, the claimant had active flexion of 90 degrees and abduction was 65 degrees. Passive flexion was 165 and abduction was 130. Strength in flexion was 3/5 and abduction 3-5.

Per Dr.'s 05/07/07 office note, the claimant had abduction and forward flexion to about 45 degrees actively and passively to 90 degrees. It was noted that the claimant had not had therapy for five weeks due to non authorization by the insurance company but had been restarted as of that date. The therapy note of 05/07/07 documented active flexion of 65 degrees and abduction of 48 degrees. Passive flexion was 135 degrees and abduction was 105. Strength was 2-5. As of 06/11/07 the claimant had completed 35 visits of therapy. Active flexion was 80 degrees and abduction was 75. Passive flexion and abduction were 140 degrees and strength was 3-5. It was noted that the claimant had plateaued but had significant limitations with active range of motion.

Dr. saw the claimant on 06/18/07. He documented abduction and forward flexion to about 65 degrees. Passively he could get to about 90 degrees. Manipulation was discussed. The procedure was denied on peer reviews dated 06/22/07 and 07/09/07. Dr. emphasized in a letter dated 06/25/07 that the claimant's abduction was 65 degrees and he felt that the claimant met the criteria for manipulation. A physical therapy evaluation dated 07/16/07 documented active and passive flexion of 65 degrees, abduction 40, external rotation 25 and internal rotation 35. Strength was 2+/5 with flexion and abduction and 3-5 with external and internal rotation.

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

The claimant is a male who underwent an initial arthroscopic rotator cuff repair that appears to have failed and resulted in a massive tear according to the MRI. The claimant subsequently underwent an open shoulder surgery and never regained full active motion, however, passive motion was noted to be varied amounts including up to 165 degrees. The claimant has persistently had diminished active elevation. The claimant has persistently had diminished strength to the point that strength has been judged at 2 to 3 out of 5 following the most recent surgery. The claimant's primary problem at this point would appear to be related to the rotator cuff with potential non-healing or a re-tear of the cuff. The documentation of adhesive capsulitis is not clear as the most recent letter dated 06/25/07 indicated only abduction of 65 degrees without noting whether this is active motion, passive motion or noting deficits in rotation. The diagnosis of adhesive capsulitis requires limits in all three planes including elevation, external and internal

rotation. Even if the claimant had a true adhesive capsulitis at this point, it is unclear whether the claimant would have sufficient strength due to the chronic rotator cuff pathology given the 2 to 3 out of 5 strength noted. It is therefore, difficult to justify a manipulation under anesthesia given the multiple other concerns and lack of complete physical examination data for the claimant.

#### Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Shoulder: Manipulation under anesthesia

Under study as an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90°); manipulation under anesthesia may be considered. There is some support for manipulation under anesthesia in adhesive capsulitis, based on consistent positive results from multiple studies, although these studies are not high quality. ([Colorado, 1998](#)) ([Kivimaki, 2001](#)) ([Hamdan, 2003](#)) Manipulation under anesthesia (MUA) for frozen shoulder may be an effective way of shortening the course of this apparently self-limiting disease and should be considered when conservative treatment has failed. MUA may be recommended as an option in primary frozen shoulder to restore early range of movement and to improve early function in this often protracted and frustrating condition. ([Andersen, 1998](#)) ([Dodenhoff, 2000](#)) ([Cohen, 2000](#)) ([Othman, 2002](#)) ([Castellarin, 2004](#)) Even though manipulation under anesthesia is effective in terms of joint mobilization, the method can cause iatrogenic intraarticular damage. ([Loew, 2005](#)) When performed by chiropractors, manipulation under anesthesia may not be allowed under a state's Medical Practice Act, since the regulations typically do not authorize a chiropractor to administer anesthesia and prohibit the use of any drug or medicine in the practice of chiropractic. ([Sams, 2005](#)) See also the [Low Back Chapter](#), where MUA is not recommended in the absence of vertebral fracture or dislocation.

#### **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)