

# **MATUTECH, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW: DECEMBER 18, 2007**

**IRO CASE #:**

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

Right shoulder arthroscopic subacromial decompression, distal clavicle resection, and rotator cuff repair (29826).

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

BOARD CERTIFIED ORTHOPAEDIC SURGEON WITH FELLOWSHIP TRAINING IN SPORTS MEDICINE AND SHOULDER SURGERY.

**REVIEW OUTCOME**

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

x Upheld (Agree)

Medical documentation does not support the medical necessity of the Right shoulder arthroscopic subacromial decompression, distal clavicle resection, and rotator cuff repair (29826)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- \_ Office notes (12/06/06 - 11/16/07)
- \_ Diagnostics (09/19/06 - 09/20/06)
- \_ Utilization reviews (10/04/07 - 11/05/07)

M.D.

- \_ Office notes (12/06/06 - 11/16/07)
- \_ Diagnostics (09/19/06 - 09/20/06)
- \_ Utilization reviews (10/04/07 - 11/05/07)
  
- \_ Office notes (08/02/06 - 11/16/07)
- \_ Therapy notes (08/09/06 - 06/21/07)
- \_ Diagnostics (09/19/06 - 10/13/06)
- \_ Designated doctor examination (05/31/07)
- \_ Utilization reviews (10/04/07 - 11/05/07)

ODG guidelines are used for denials.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a xx-year-old right-hand dominant female who injured her right arm on xx/xx/xx. She had a crush injury to her right arm on a machine she was pulling. The machine pulled her towards it.

M.D., saw her for right shoulder pain and tingling/numbness in the right hand fingers. The patient had a history of right carpal tunnel release (CTR) in 2003. Dr. diagnosed crush injury and contusion to the right arm and shoulder sprain and treated her with intramuscular Toradol injections, physical therapy (PT), an arm sling, a wrist splint, and medications. Magnetic resonance imaging (MRI) of the right shoulder revealed mild bursitis while that of wrist was unremarkable. Electromyography/nerve conduction velocity (EMG/NCV) of the right arm revealed mild carpal tunnel syndrome (CTS). A bone scan showed increased uptake in the right proximal carpal rows bilaterally. MRI of the cervical spine revealed mild multilevel spondylosis, a small central protrusion at C5-C6, and mild disc-osteophyte complex at C6-C7. , M.D., an orthopedist, diagnosed adhesive capsulitis of the right shoulder, administered a cortisone injection to the shoulder, and recommended additional course of PT for it. He continued to treat the right wrist conservatively with a wrist gauntlet and medications. The patient returned to duty and tolerated regular duty; however, she was not better. Dr. recommended right CTR. In a second surgical opinion, , M.D., noted *MRI of the right hand was normal and MRI of the right wrist revealed bowing of the carpal tunnel with thickening of the median nerve.* He felt she might benefit from CTR but recommended commencing treatment with carpal tunnel injection prior to the surgery. He believed the patient might also have shoulder impingement and possible cervical spine involvement as well accounting for her diffuse pain and tingling. , M.D., a designated doctor, assessed clinical maximum medical improvement (MMI) as of May 31, 2007, and assigned 14% whole person impairment (WPI) rating. The patient did not have any improvement with the PT as regards to her right shoulder and wrist complaints. Dr. diagnosed rotator cuff syndrome and recommended pain management. In September, he recommended right shoulder arthroscopic evaluation with subacromial decompression and distal clavicle resection with rotator cuff repair (if indicated) and right CTR.

The request for right shoulder and wrist was denied. Rationale: *The patient is reported to have sustained an injury to the right upper extremity in xx/xx but the mechanism of the injury is not described. She is noted to have a history of previous CTR in 2003. The patient reportedly was treated conservatively but there was no comprehensive history of treatment to date. No imaging/diagnostic studies were provided. Current physical examination was limited. Without additional clinical data, the proposed surgical procedures are not recommended as medically necessary.*

An appeal for reconsideration of the request was partially approved. Rationale: *The patient is a xx year-old female who is under the care of Dr. for right shoulder and right hand symptoms. She has undergone diagnostic testing documenting right CTS and appears to be treating for right shoulder impingement with bursitis. I believe the*

*right CTS is medically reasonable based on the medical records I have for review. The patient had positive physical findings and failure of conservative care. There really is no other treatment other than CTR. It is not clear to me as to the medical indication for the right shoulder arthroscopy, decompression, distal clavicle resection, and rotator cuff repair. While I understand her right shoulder MRI documents mild bursitis, it is not clear to me that she has received an injection into the subacromial space to finish off her conservative care. It is not clear to me as to the indication for resection of the distal clavicle or rotator cuff repair. Therefore based on this medical record, the requested right shoulder surgery is not medically indicated at this time.*

In a follow-up on November 16, 2007, Dr. decided to proceed with right CTR surgery.

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

MS HAS HAD A PROTRACTED COURSE FOLLOWING HER INJURY WITH CONTINUED RIGHT SHOULDER AND ARM PAIN. HOWEVER, SHE HAS MRI EVIDENCE OF AN INTACT ROTATOR CUFF. SHE HAS NOT UNDERGONE DIFFERENTIAL INJECTIONS OF THE SHOULDER AND FAILED TO RECEIVE ANY BENEFIT FROM A PREVIOUS "INJECTION OF THE SHOULDER." THERE IS NO MENTION IN ANY MEDICAL RECORD OF SUBJECTIVE ACROMIOCLAVICULAR JOINT PAIN, OR PHYSICAL FINDINGS CONSISTENT WITH AC JOINT ARTHRITIS. FOR THESE REASONS, RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION, DISTAL CLAVICLE RESECTION, AND POSSIBLE ROTATOR CUFF REPAIR ARE NOT INDICATED AT THIS TIME.

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

- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
  
- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES