

## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/18/2007  
**IRO CASE #:**

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

29819: Arthroscopy, shoulder, surgical; with removal of loose body or foreign body

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Tennessee, College of Medicine and completed training in Orthopedics at Vanderbilt University Hospital. He completed a General Surgery Residency at University of California, San Diego. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopedics since 9/14/1973 and currently resides in TX.

**REVIEW OUTCOME:**

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

29819 Arthroscopy, shoulder, surgical; with removal of loose body or foreign body Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note by, dated 12/7/2007
2. Medical timeline dated 7/17/2007
3. Claim information dated 10/24/2006
4. Clinical note dated 10/24/2006
5. History and physical dated 11/14/2006
6. ED nursing notes dated 10/24/2006
7. Clinical note dated 10/24/2006
8. Texas chart dated 10/24/2006
9. Clinical note by MD, dated 10/24/2006
10. Graphic note dated 10/24/2006
11. Physical examination dated 10/24/2006
12. History and physical dated 11/14/2006
13. Clinical note by MD, dated 10/24/2006
14. Progress notes by MD, dated 10/25/2006
15. Absentee form dated 10/25/2006
16. Progress notes dated 11/1/2006
17. Clinical note by MD, dated 11/1/2006
18. Absentee form dated 11/1/2006
19. Status report dated 10/24/2006
20. Progress notes by MD, dated 11/15/2006
21. Status report dated 10/24/2006
22. Progress notes by MD, dated 12/4/2006
23. Physical therapy prescription dated 12/13/2006
24. Absentee form dated 12/4/2006 and 12/13/2006
25. Progress notes by MD, dated 12/13/2006
26. Absentee form dated 12/13/2006
27. Progress notes by MD, dated 12/20/2006
28. Absentee form dated 12/20/2006

29. Physical therapy prescription dated 12/13/2006
30. Physical therapy cervical evaluation dated 12/29/2006
31. Progress notes dated 12/29/2006 and 1/12/2007
32. Clinical note dated 12/29/2006 to 1/19/2007
33. Pain chart dated 12/29/2006
34. Pain assessment form dated 2/13/2007
35. Cervical evaluation dated 12/29/2006
36. Progress note dated 12/29/2006 to 1/19/2007, multiple dates
37. Pain chart dated 12/29/2006
38. Pain assessment form dated 12/14/2007
39. Physical exercise program dated 12/29/2006 to 1/19/2007
40. Clinical note dated 1/19/2007
41. X-ray report by MD, dated 2/12/2007
42. Exam report by MD, dated 1/19/2007
43. Clinical note dated 1/26/2007
44. Status report dated 1/26/2007
45. Clinical note by MD, dated 2/26/2007
46. Status report dated 2/26/2007
47. Clinical note dated 2/26/2007
48. Clinical note dated 2/26/2007
49. Progress notes dated 2/28/2007
50. Physical exercise program dated 2/28/2007
51. Physical therapy note dated 2/26/2007
52. Cervical evaluation dated 3/2/2007
53. Progress note dated 2/28/2007 to 3/29/2007, multiple dates
54. Physical exercise program dated 2/28/2007 to 4/5/2007, multiple dates
55. Clinical note by MD dated 3/23/2007 and 4/20/2007
56. Progress notes by MD, dated 3/30/2007
57. Physical therapy note dated 2/25/2007
58. Cervical evaluation dated 3/2/2007
59. Patient status report dated 4/5/2007
60. Progress note dated 4/3/2007 to 4/10/2007, multiple dates
61. Physical exercise program dated 2/28/2007 to 4/5/2007, multiple dates
62. Physical therapy discharge dated 2/28/2007
63. Clinical note dated 4/5/2007
64. Radiology report by MD, dated 5/5/2007
65. Radiology report by MD, dated 5/5/2007
66. Clinical note by MD, dated 5/14/2007
67. Report of medical evaluation dated 5/22/2007
68. Clinical note by MD, dated 5/30/2007
69. Report of medical evaluation dated 5/22/2007
70. Clinical note by MD, dated 5/22/2007
71. Comments and conclusion dated 9/10/2007
72. Functional abilities evaluation dated 8/7/2007
73. Step test results dated 9/10/2007
74. Report of medical evaluation dated 5/22/2007
75. Rating evaluation by MD, dated 8/7/2007
76. The musculoskeletal system dated 8/7/2007
77. Impairment summary dated 8/7/2007
78. Clinical note by MD, dated 9/28/2007
79. Clinical note by MD, dated 6/18/2007
80. Notice of disputed issue dated 1/18/2007
81. Progress notes by MD, dated 11/15/2006
82. Status report dated 11/1/2006
83. Health insurance claim form dated 11/1/2006
84. Status report dated 10/24/2006
85. Official Disability Guidelines (ODG)

#### **INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The employee is a xx year old female who sustained an injury on xx/xx/xx. She was diagnosed with right shoulder impingement syndrome since 5/11/2007. She had gone to physical therapy for several weeks and continued to have recurrent right shoulder impingement syndrome, per notes provided from 11/2/2007. The injured employee's physician noted that since she had history of diabetes, he could not give her any injection with a steroid. The

physician noted that physical therapy and the anti-inflammatory medication failed to relieve the injured employee's pain, and recommended right shoulder arthroscopy with decompression on the right shoulder.

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

The ODG 2007 lists the following criteria for acromioplasty:

1. Conservative care recommended for 3-6 months
2. Subjective clinical findings with pain in arc motion 90-130 degrees and night pain, plus
3. Objective clinical findings - weak or absent abduction, may demonstrate atrophy, and positive impingement sign, and temporary relief with injection, plus
4. Imaging clinical findings - showing positive evidence of deficit in rotator cuff.

The right shoulder MRI on 05/05/2007 demonstrated tenosynovitis of the rotator cuff involving mainly the supraspinatus, tenosynovitis of the long head of the biceps, and minimal joint effusion. Dr. on 01/19/2007 diagnosed impingement syndrome and acromioclavicular sprain, with positive impingement sign in both shoulders. On 03/23/2007 the patient had full range of motion and negative impingement sign, but returned on 04/20/2007 with a positive impingement sign of the right shoulder. Dr. in 11/02/2007 correspondence, stated that claimant had not responded to physical therapy and Relafen and persists with right shoulder impingement since 05/11/2007. On 03/26/2007 the patient had been released to full work status.

The available records do not support several of the above-listed ODG criteria for acromioplasty: #2, pain in 90-130 degree arc motion and report of night pain has not been documented, as well as #3, as there is no notation of weak or absent abduction and no mention of atrophy. In addition, the records do not reflect that physical therapy was re-instituted after impingement symptoms were noted to have recurred on 04/20/2007. Moreover, this reviewer is unaware of literature that states the diabetes is an absolute contraindication to shoulder cortisone injections. In conclusion, as the ODG criteria for acromioplasty have not been met, the denial of the procedure is upheld.

**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
- X 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)