



7. An MRI of the right shoulder. The exact date of the MRI is not legible on the report that was presented for review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This man was stacking bread trays and felt a sharp pain in his neck and right shoulder. He sought care at Clinic. He was treated with therapy and anti-inflammatory medications. An MRI of the right shoulder showed mild impingement of the subacromial space by a Type II acromian. It was otherwise negative.

Because of ongoing pain and stiffness in the right shoulder, the patient was referred to MD. Dr felt the patient had arthrofibrosis and impingement syndrome of the right shoulder. He recommended manipulation under anesthesia and injection of the right shoulder, which was performed on March 15, 2007. The operative report indicated that full range of motion of the shoulder was achieved intra-operatively. There is a prescription for a shoulder CPM machine dated February 2007 from Dr.

After the March 15, 2007 surgical procedure, the patient had a course of physical therapy. Initially, his pain improved, but it subsequently recurred. A second surgical procedure was performed on May 31, 2007, which included manipulation under anesthesia, arthroscopy, debridment of a labral tear, subacromial decompression with excision of the inferior clavicle and a cortisone injection. Again, full range of motion of the shoulder was achieved intra-operatively.

Postoperatively, further physical therapy has been performed. When last seen by Dr. on June 15, 2007, the patient's pain level was 1-2 on a scale of 10. The patient was to continue with physical therapy and be seen back in the office in 6 weeks time.

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

This patient is now one month subsequent to his last surgical procedure. He is receiving physical therapy. He is having only mild pain. There is no contraindication to active or passive range of motion. There is no medical indication for the use of a CPM machine at this time.

**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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**
  1. Campbell's Operative Orthopedics, 10<sup>th</sup> edition
  2. Orthopedic Knowledge update 7, published by the American Academy of Orthopedic Surgery.