

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 07/05/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left shoulder arthroscopy with lysis of adhesions and manipulation.

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

Board Certified in Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with an unknown provider (the signature was illegible) dated 05/05/06, 05/16/06, 05/23/06, 06/01/06, 06/16/06, 06/30/06, 07/19/06, and 07/28/06

Evaluations with M.D. dated 05/05/06, 05/11/06, 05/22/06, 06/09/06, 06/27/06, and 07/25/06

Physical Performance Evaluations (PPEs) with P.T. dated 05/16/06, 06/30/06, and 07/28/06

Physical therapy instructions from Dr. dated 05/22/06

A physical therapy evaluation with Ms. dated 05/31/06

Physical therapy with Ms. dated 06/01/06, 06/06/06, 06/07/06, 06/09/06, 06/12/06, 06/14/06, 06/16/06, 06/19/06, 06/21/06, 06/23/06, 06/26/06, 07/26/06, 07/27/06, 08/01/06, 08/02/06, 08/04/06, 08/08/06, 08/09/06, and 08/11/06

Physical therapy progress reports from Ms. dated 06/09/06 and 08/22/06

A physical therapy prescription from Dr. dated 06/27/06

Evaluations with M.D. dated 08/16/06, 09/12/06, 09/26/06, 10/10/06, 11/21/06, 01/02/07, 02/13/07, 02/28/07, 03/13/07, and 04/24/07

Physical therapy with, P.T. dated 09/12/06, 10/03/06, 10/05/06, and 10/09/06

Physical therapy with, P.T. dated 11/20/06, 02/06/07, 02/08/07, and 02/09/07

A patient memo from Mr. dated 12/21/06

A letter of non-certification from, M.D. dated 05/09/07

A letter of non-certification from, M.D. dated 06/05/07

PATIENT CLINICAL HISTORY [SUMMARY]:

An unknown provider performed a Toradol injection and recommended an orthopedic evaluation on 05/05/06. On 05/05/06, Dr. recommended Vicodin. Physical therapy was performed with Ms. from 06/01/06 through 08/11/06 for a total of 19 sessions. On 08/16/06, Dr. requested physical therapy. On 08/22/06, Ms. requested further therapy three times a week. Physical therapy continued with Ms. from 09/12/06 through 10/09/06 for a total of five sessions. Physical therapy continued with Mr. from 11/20/06 through 02/09/07 for a total of four sessions. On 02/13/07, Dr. requested further physical therapy. On 03/13/07, Dr. requested a home exercise program. On 04/24/07, Dr. recommended a manipulation and arthroscopic lysis adhesions. On 05/09/07, Dr. wrote a letter of non-certification for the left shoulder surgery. On 06/05/07, Dr. also wrote a letter of non-certification for the shoulder surgery.

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

This patient had a long standing history of shoulder problems. The patient had shoulder surgery and subsequently did improve but continued with pain. She also continued to have restriction of motion. Currently, the patient's abduction is not much more than 110 degrees and she has a lot of decreased rotation in the arm. She had a normal postoperative treatment, including examination and the

surgery, a fair amount of therapy, and a home exercise program. The decision as to whether to undergo surgery to gain range of motion is always a difficult one and one really between the patient and the doctor. This is too specialized of a case to be covered in the ODG or ACOEM. However, this subject is covered in Campbell's orthopedic surgery textbook and Rockwood & Matsen's shoulder textbook. If the patient clearly understands the risks and benefits of surgery of this nature to gain range of motion, then in my opinion the patient does qualify for this surgery based on the merits of having had the previous therapy, but did not get all the range of motion gains they would have liked. In my opinion, the surgery would be reasonable and necessary unless there is other evidence refuting this need.

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)**

Campbell's Orthopedic Surgery Textbook

Rockwood and Matsen Orthopedic Shoulder Textbook

The rationale above has deviated from the ODG based on the fact that this case is too specialized of a case to be covered in this guideline and not enough information was found within the guideline to properly cite this as criteria. Therefore, equivocal textbooks were utilized.