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DATE OF REVIEW: JULY 18, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthroscopy, Shoulder, Surgical, Distal Claviculectomy including distal articular surface

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

Board certified in Orthopaedic Surgery, licensed in the State of Texas, and DWC ADL approved.

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Arthroscopy, Shoulder, Surgical, Distal Claviculectomy including distal articular surface	79824	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
Office Visit –MD	03/20/07
MRI and X-rays - Center	04/04/07
Office Visit –MD	04/17/07
Office Visit –MD	04/24/07
Utilization Review - Request for Arthroscopy, shoulder –MD	05/14/07
Utilization Review - Denial	05/18/07
Utilization Review - Appeal Denial	06/26/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Dr. is requesting an IRO on patient for arthroscopy of the right shoulder and distal claviculectomy. Ms. is a old female who sustained an injury at work while lifting a 40 pound box. It was while she was lifting that she felt a burning pain in her right shoulder and neck area. The pain and tingling started near her ear and radiated into her right shoulder towards her elbow. Shoulder motion does not make the pain worse. Her pain is made worse by certain neck positions. She also complained of some shoulder weakness. The shoulder is stable by history and there is no popping or grinding. She has had a previous arthroscopy of the right shoulder with anterior acromioplasty and excision of the distal end of the clavicle. She also has had a disc surgery of her neck.

An EMG was stated to be normal. An MRI which was performed on 2/6/06 revealed tendonopathy, a partial interstitial tear in the rotator cuff, and sub-deltoid bursitis. An MRI performed on the C-spine revealed an anterior fusion plate at C5-6 and mild degenerative disc disease. On examination the patient had negative adduction test (no pain over the A/C/J area), tenderness over the biceps tendon, and a positive Spurling's test. Her range of motion (ROM) on the right was equal to the left. Her muscle strength was normal, and she had a mildly positive impingement sign. The biceps Speed test was positive, and there was no evidence of instability or SLAP lesion. Injection of the biceps tendon improved the pain.

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

In sum, the previous decision to deny the surgical request for arthroscopy of the right shoulder with distal claviculectomy is upheld because there is not a clear surgical lesion clinically or on imaging studies that would be amenable to surgical repair. The entities that are being surgically targeted have already been addressed surgically in a previous operation.

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

The symptoms do not clearly implicate the right shoulder. The symptoms also relate to the cervical spine (radicular pain and tingling from the right ear to the elbow and a consistently present Spurling's test). The patient has unrestricted shoulder ROM when compared to the opposite side and a previous acromioplasty. There is stated to be A/C/J tenderness but the A/C/J has been resected. There is not a clear identifiable shoulder lesion either on clinical evaluation or imaging study ;(the bicipital tendinitis does not appear to have been treated conservatively and at any rate, is not included in the request). Surgery for impingement is usually an arthroscopic decompression (acromioplasty)(ODG, 4th ed, 2006). However, an acromioplasty has already been done. Resection of the distal end of the clavicle is not addressed by ODG, but the resection has already been done in a previous surgery. Too much clavicle resection leads to a cosmetic deformity and discomfort over its end. With regard to R/C tendinitis, Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than three months, plus existence of a surgical lesion; Failure of exercise programs to increase range of motion and strength of the musculature around the shoulder, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair.