

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW: JUNE 25, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left arthroscopy with lateral repair with subacromial decompression, Mumford possible open rotator cuff repair.

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

Board Certified

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

ER report, Dr. 03/19/07

MRI left shoulder 04/04/07

Office note of, PA for Dr. 04/13/07

Review notification of determination from by Dr. 04/24/07

Dr. review 05/09/07

Office note of Dr. 05/10/07

Prescription for physical therapy/occupational therapy 05/10/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who injured his left shoulder on xx/xx/xx after slipping on some stairs. Dr. evaluated the claimant on xx/xx/xx and documented swelling of the anterior aspect of the left shoulder, tenderness to palpation of the acromioclavicular joint area, biceps brachii tendon and sheath and of the supraspinatus and subacromial bursae without crepitus. Motion was restricted compared to the unaffected side and he was not able to abduct without being limited by pain. X-rays of the left shoulder and transthoracic shoulder were normal. Minimize the use of the shoulder, therapy, a sling for 7-10 days, decrease activity causing pain or discomfort, Celebrex and Darvocet as well as light duty through 04/02/07 were recommended.

A left shoulder MRI performed on 04/04/07 revealed impingement syndrome with a partial tear or degeneration of the supraspinatus tendon in the rotator cuff, an oblique tear of the inferior glenoid labrum and vertical tear of the superior glenoid labrum, bone bruising of the humeral head near the glenohumeral joint and fluid surrounding the biceps tendon compartment, possibly the result of recent trauma or bicipital tendinosis.

Dr. Physician Assistant, saw the claimant on 04/13/07 for left shoulder pain with movement. His history was significant for diabetes, and unspecified back and right elbow surgery. He was taking Metformin and Celebrex. On exam there was about 120 degrees flexion and abduction which caused pain, insufficiency in the subscapularis with weakness with a belly press test and diffuse tenderness of the left shoulder. Mr. reviewed the MRI noting a full thickness tear of the subscapularis tendon with extrusion of joint fluid anteriorly, an apparent tear of the anterior labrum, signal changes in the humeral head and what appeared to be an anterior Hill-Sachs lesion from a posterior dislocation. Arthroscopic surgical fixation of the subscapularis tendon, labral repair, possible supraspinatus repair, evaluation of the joint and subacromial decompression with possible Mumford procedure was recommended.

The request for surgical intervention was denied on two reviews (04/24/07 and 05/09/07). Dr. saw the claimant again on 05/10/07 for complaints of pain along the anterior lateral aspect of the shoulder extending into the anterior axilla and worse with moving his arm forward and upward. Tenderness to palpation of the subdeltoid bursae and the acromioclavicular joint area, restricted motion, abduction to 90 degrees without pain limitation. Continuation of therapy, decrease activities causing pain, anti-inflammatories and light duty through 05/30/07 as well as surgery and a functional capacity evaluation were prescribed.

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

The claimant is a gentleman who was injured on xx/xx/xx and presented to the emergency room that day with complaints of left shoulder pain. He underwent an MRI and followed up with Dr. who discussed surgical repair. It appears from this medical record that the claimant had some physical therapy and was given a sling as well as some anti-inflammatory medication and pain medication. There was no documentation in this medical record of positive apprehension testing, neurologic deficit, instability, or a trial of an injection. Dr. describes a subscapularis tendon tear. However, that does not appear to be discussed on the MRI of the left shoulder report which does describe some degenerative changes as well a humeral head bone bruise. Dr. also discusses a posterior dislocation which is an unusual occurrence and really not specifically borne out in the rest of the medical records. Therefore, based on the review of these records, it is not clear to the Reviewer as to what specific diagnosis is being treated nor is it clear that a full conservative care program has been done with an injection, physical therapy, home exercises and a trial of return to normal function. Therefore, the Reviewer's medical assessment is that the requested left shoulder arthroscopy with repair and subacromial decompression, Mumford procedure and possible open rotator cuff repair is not medically indicated or necessary at this time based on these records.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, (i.e. Shoulder Section – Surgery for Rotator Cuff Repair)

ODG Indications for Surgery™ -- Rotator cuff repair:

Criteria for rotator cuff repair with diagnosis of full thickness rotator cuff tear AND Cervical pathology and frozen shoulder syndrome have been ruled out:

1. Subjective Clinical Findings: Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. PLUS

2. Objective Clinical Findings: Patient may have weakness with abduction testing. May also demonstrate atrophy of shoulder musculature. Usually has full passive range of motion. PLUS

3. Imaging Clinical Findings: Conventional x-rays, AP and true lateral or axillary views. AND Gadolinium MRI, ultrasound or arthrogram shows positive evidence of deficit in rotator cuff.

Criteria for rotator cuff repair OR anterior acromioplasty with diagnosis of partial thickness rotator cuff repair OR acromial impingement syndrome (80% of these patients will get better without surgery.)

1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS

2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night (Tenderness over the greater tuberosity is common in acute cases.) PLUS

3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS

4. Imaging Clinical Findings: Conventional x-rays, AP and true lateral or axillary view. AND Gadolinium MRI, ultrasound or arthrogram shows positive evidence of deficit in rotator cuff.

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)