

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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DATE OF REVIEW: **MAY 11, 2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Thirty day CPM machine and CPM kit for therapy on right shoulder after repair surgery.

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

MD, 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

- Group, Utilization Review Nurse –Letters written to DO on 3/28/07, 4/13/07.
- DO – Office records from 1/29/07 and 2/26/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a man who fell landing on his right shoulder. He has had right shoulder pain since that time. Treatment has included Naprosyn, Celebrex, physical therapy and a subacromial steroid injection. His pain persists.

His physical examination is compatible with impingement syndrome of the right shoulder. An MRI of the right shoulder reportedly shows evidence of partial thickness rotator cuff tear involving the supraspinatous tendon along with tendonosis of the subscapularis. There was evidence of acromioclavicular joint arthrosis and impingement.

Because of failed conservative treatment the plan is to perform a right shoulder arthroscopy with arthroscopic subacromial decompression and distal clavicular excision with evaluation of the rotator cuff and potential rotator cuff repair. A CPM machine and CPM kit have been requested for postoperative use for thirty days.

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

IF THIS PATIENT DOES NOT UNDERGO A ROTATOR CUFF REPAIR AND THE SURGICAL PROCEDURE CONSISTS OF ARTHROSCOPIC SUBACROMIAL DECOMPRESSION AND DISTAL CLAVICULAR RESECTION A CPM MACHINE POSTOPERATIVELY WOULD NOT BE NEEDED. EARLY ACTIVE AND PASSIVE RANGE OF MOTION OF THE SHOULDER WOULD BE POSSIBLE AND POSTOPERATIVE STIFFNESS USUALLY IS NOT A PROBLEM.

IF THE PATIENT DOES REQUIRE ROTATOR CUFF REPAIR, THE INITIAL POSTOPERATIVE OBJECTIVE IS TO OBTAIN AND MAINTAIN THE MAXIMUM RANGE OF PASSIVE GLENOHUMERAL FLEXION AND ROTATION. A CPM MACHINE IS AN ADJUNCTIVE FORM OF THERAPY THAT CAN BE USED FOR A BRIEF PERIOD OF TIME TO ACHIEVE THIS GOAL. A CPM MACHINE CERTAINLY WOULD NOT BE REQUIRED FOR ONE MONTH AND IT WOULD NOT NEGATE THE NECESSITY OF USING OTHER STANDARD FORMS OF TREATMENT TO RESTORE RANGE OF MOTION. RESTORATION OF FULL PASSIVE RANGE OF MOTION IS NOT ACHIEVABLE BY THE USE OF A CPM MACHINE ALONE.

IN CONCLUSION, ALTHOUGH A CPM MACHINE CAN BE USED POSTOPERATIVELY AFTER ROTATOR CUFF REPAIR SURGERY, IT IS NOT REQUIRED AND NECESSARY AND ITS USE IS NOT NEEDED TO MEET A NATIONALLY ACCEPTED STANDARD OF CARE FOR POSTOPERATIVE ROTATOR CUFF REHABILITATION. IN CONCURRENCE WITH THE CARRIER, THE RESULT OF SURGERY WILL NOT BE COMPROMISED BY NOT SANCTIONING THE USE OF THIS DEVICE.

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
 - * CAMPBELL'S OPERATIVE ORTHOPEDICS, 10TH EDITION
 - * ORTHOPEDIC KNOWLEDGE UPDATE 7 PUBLISHED BY THE AMERICAN ACADEMY OF ORTHOPEDIC SURGERY
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)