

True Decisions Inc.

An Independent Review Organization

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IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW:

NOVEMBER 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthroplasty left shoulder with three day length of stay

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

M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

No ODG Guidelines

Office note, Dr., 03/19/07

Note, 03/22/07

Cervical spine MRI, 04/30/07

Functional capacity evaluation, 05/18/07

Left shoulder MRI, 05/29/07

EMG/NCS, 06/22/07

Letter, Dr., 06/25/07

DDE, Dr., 06/29./07

Office note, Dr., 07/18/07 and 08/20/07

Utilization review, Dr., 08/07/07

Utilization review, Dr., 09/13/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This male was injured. He treated initially with Dr. for upper back and left arm pain and was diagnosed with a thoracic strain. A cervical MRI was done on 04/30/07. A 05/29/07 MRI of the left shoulder showed chronic arthrosis of the left shoulder with severe narrowing of the left acromiohumeral space consistent with complete left rotator cuff

tear. Chondromalacia was identified at the glenohumeral joint with chronic degenerative labral tear formation. A 06/22/07 EMG/NCS demonstrated evidence of moderate acute left C6-C8 radiculopathy. The left shoulder was determined to be compensable per Dr. 06/29/07 designated doctor exam.

Dr. evaluated the claimant on 07/18/07 for left shoulder pain. He had not had any specific treatment for the left shoulder. On exam abduction was 90 degrees and flexion was 100 degrees. He had weakness with resisted abduction and also had weakness with resisted external rotation. He had glenohumeral crepitus as opposed to subacromial crepitus. The diagnosis was rotator cuff tear arthropathy of the left shoulder aggravated by the lifting he did at work. Dr. felt that the rotator cuff was not reparable and felt that from a surgical standpoint his only option was shoulder arthroplasty. Surgery was denied on utilization reviews of 08/07/07 and 09/13/07 as the shoulder condition was not felt to be work related.

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

The claimant is a male who suffers from rotator cuff arthropathy of the left shoulder as documented by a large irreparable rotator cuff tear in conjunction with advanced degenerative glenohumeral arthritis. A proposal was made to undergo left shoulder arthroplasty.

The clinical information available does not clearly document the nature of the conservative treatment thus far. One can only assume that based on the report of symptoms over the last nine months, that this individual has in fact had additional conservative treatment, such as a diagnostic corticosteroid injection. The records do document evidence that anti-inflammatories have been employed and that this individual has had his activities modified in conjunction with an exercise program. However, additional conservative treatment could be explored and therefore, conservative care has not been satisfied and thus surgical intervention would not be reasonable in this setting.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Arthroplasty (shoulder):

Recommended for selected patients. While less common than knee or hip arthroplasty, shoulder arthroplasty is a safe and effective procedure for patients with osteoarthritis or rheumatoid arthritis. (van de Sande, 2006) Caution is advised in worker's compensation patients since outcomes tend to be worse in these patients. (Chen, 2007) In a review of 994 shoulder arthroplasties compared with 15,414 hip arthroplasties and 34,471 knee arthroplasties performed for osteoarthritis, patients who had shoulder arthroplasties had, on average, a lower complication rate, a shorter length of stay, and fewer total charges. (Farmer, 2007) The most common indication for total shoulder arthroplasty is osteoarthritis, but for hemiarthroplasty it is acute fracture. There was a high rate of satisfactory or excellent results after total shoulder arthroplasty for osteoarthritis, but hemiarthroplasty offered less satisfactory results, most likely related to the use of this procedure for trauma. (Adams, 2007) At a minimum of two years of follow-up, total shoulder arthroplasty provided better functional outcome than hemiarthroplasty for patients with osteoarthritis of the shoulder. (Bryant, 2005)

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)