

# Clear Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

**DATE OF REVIEW:** APRIL 16, 2008

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Left shoulder total replacement

## **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**

Adverse Determination Letters, 2/19/08, 3/12/08, 7/23/07, 6/20/07, 5/24/07

ODG, Arthroplasty

MD, 2/7/08, 2/15/07, 3/19/07, 3/15/07, 3/1/07

PT Notes, 6/21/07

MD, 6/11/07, 5/16/07, 5/8/07, 3/12/07, 2/12/07, 1/6/07, 12/8/06

PA-C, COEM, 12/21/06

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a male with a history of left shoulder injury. He was injured in xxxx. Apparently he injured his surgery after a fall from a golf cart. He became septic and developed infection of the arm, apparently fasciitis, as well as septic joint. He had a left long head biceps rupture. He had three debridement surgeries and IV antibiotics as well as physical therapy. He continued to complain of the limited range of motion. The record appeared to indicate that his primary problem is limiting motion rather than pain, although he does report some pain particularly with referral into the lateral arm and referral to the biceps area. When he does have pain, it is stated to be "burning and aching in character."

Secondary to the infection, in all likelihood he has developed osteolysis and secondary degenerative change of the glenohumeral joint. Consideration now is for total joint replacement. The records do not reveal evidence of preoperative screening for any latent smoldering infection such as an Indium or Serotec bone scan. He does have limitations in that he apparently can no longer play golf.

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

While the ODG Guidelines do recognize total joint arthroplasty as a potential treatment option for patients with degenerative joint disease, this gentleman's situation is slightly different. While there is evidence of degenerative change, the medical records do not reflect preoperative investigations to rule out ongoing infection, and the presence of previous deep-seated infection along with multiple surgical debridements and a remote history of a rotator cuff tear, which had been repaired, does not bode well for regaining the range of motion in this shoulder. In addition, based upon the records, it would appear that the indication for surgery is primarily for range of motion and not pain.

For this reason, due to the absence of the reviewer having the opportunity to be certain that the previous infection is eradicated and the goal to increase range of motion with this procedure with the previous history of severe deep infection and multiple surgical debridements, and based upon the ODG guidelines, the reviewer must uphold the previous adverse determination.

## **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)