

US Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

DATE OF REVIEW: DECEMBER 4, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Open repair of right elbow and right shoulder arthroscopy with decompression (24343, 29826).

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

MD, 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)

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.

The reviewer finds that medical necessity does not exist for open repair right elbow and right shoulder arthroscopy with decompression (24343, 29826).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Cervical spine x-rays, 04/16/07

Office notes, Dr., 4/17/07, 05/31/07, 06/21/07, 07/20/07, 08/08/07, 08/29/07, 09/25/07, 10/26/07, 12/13/07, 01/24/08, 03/13/08

MRI cervical spine, 05/01/07

Office notes, Dr., 07/17/07, 07/23/07, 07/31/07, 08/06/07, 08/14/07, 08/27/07, 11/16/07, 01/15/08

Chiro notes, 12/06/07 to 02/16/08

Office notes, Dr., 04/11/08, 07/01/08, 07/23/08, 08/20/08, 08/27/08, 09/10/08, 10/08/08, 10/30/08

Right shoulder X-rays, 07/23/08

Office note, Dr., 07/23/08
Office notes, Dr., 09/10/08, 09/24/08
MRI RUE, 09/17/08
MRI right elbow, 09/17/08
Adverse Determination Letters, 10/20/08, 10/27/08
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old female who has been treating with multiple providers for neck and bilateral shoulder pain, right forearm pain and right elbow pain. The 07/23/08 x-rays of the right shoulder showed type 2 acromion. Dr. evaluated the claimant on 09/10/08. Examination revealed negative impingement sign, no pain or weakness with rotator cuff testing, tenderness over the lateral epicondyle, and pain in the area of the biceps tendon. Dr. noted that the MRI of the cervical spine was negative. Impression was right upper extremity pain, mostly around the shoulder and elbow. MRI of the elbow and shoulder and physical therapy was recommended. The MRI of the right shoulder dated 09/17/08 showed mild degenerative changes at the acromioclavicular joint with underlying rotator cuff tendinopathy and no definite rotator cuff tear. The MRI of the right elbow showed tears involving the radial collateral ligament and common extensor tendon. Review of the records reflected that the claimant has been treated with injections to the elbow for diagnosis of lateral epicondylitis for temporary relief. The claimant has been treated with elbow strap, off work, chiropractics, exercises, trigger point injections to the cervical paraspinal muscles and over the counter medications. The claimant had been previously placed at permanent and stationary for the cervical spine.

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

Open repair of right elbow and right shoulder arthroscopy is not medically indicated and appropriate in this xx-year-old female with conflicting medical records. The MRI of her shoulder does not demonstrate a rotator cuff tear. The MRI of the elbow demonstrates radial collateral ligament and common extensor tendon involvement. Notably there is unclear response to a subacromial injection. There is no evidence of instability of her radial collateral ligament. There is no documentation of a posterolateral instability test of her elbow. There is mention of an anti-inflammatory and exercises, but is unclear from the medical records what benefit this has had. This patient has anxiety and bipolar disorder diagnoses. She has no contralateral upper extremity complaints with conflicting reports in the medical records. The patient does not meet the criteria in the ODG Indications for Surgery. The reviewer finds that medical necessity does not exist for open repair of right elbow and right shoulder arthroscopy with decompression (24343, 29826). Official Disability Guidelines Treatment in Workers' Comp 2008 Updates, shoulder

ODG Indications for Surgery™ -- Acromioplasty:

Criteria for anterior acromioplasty with diagnosis of 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. 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 impingement. (Washington, 2002)

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. (Washington, 2002)

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)