

## **I-Resolutions Inc.**

*An Independent Review Organization*

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### Notice of Independent Review Decision

**DATE OF REVIEW: JULY 24, 2008**

**IRO CASE #:**

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

Right shoulder manipulation w/ lysis of adhesions, 23700

### **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 right shoulder manipulation w/ lysis of adhesions, 23700.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 6/6/08, 6/30/08

ODG Guidelines and Treatment Guidelines

, MD, 5/28/08, 4/30/08, 4/2/08, 2/21/08, 1/24/08, 1/10/08, 12/19/07, 6/18/08, 3/11/08, 6/26/08

PT Progress Reports, 3/3/08, 1/10/08  
Operative Note, 3/3/08  
MRI Right Shoulder, 1/15/08, 11/12/07  
MRI Right Elbow, 11/23/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is an injured worker who hurt his shoulder when disconnecting a hose from a tractor trailer, and the hose fell on his arm. MRI scan of the shoulder showed a type 3 acromion with acromioclavicular hypertrophy and outlet impingement with tendinopathy and partial rotator cuff tear. He had a shoulder arthroscopy on 03/03/08. He underwent postoperative and rehabilitation. The notes from the therapist indicated he was progressing well. Subsequent diagnosis of postoperative adhesions were made, and manipulation under anesthesia was recommended. The note from the physical therapist reports that the patient progressed from external rotation of 45 degrees to external rotation of 80 degrees, and internal rotation of 30 degrees to internal rotation of 72 degrees. Abduction of 88 degrees progressed to 150 degrees, extension of 45 degrees progressed to 70 degrees, and initial flexion of 85 degrees progressed to 142 degrees. Based upon these indications, the patient appears to have a functional range of motion.

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

While the patient does not have a complete normal range of motion, based upon the progressive notes from the physical therapy, there has been good improvement, and, in fact, the patient does have a functional range of motion. It is for this reason the request for manipulation under anesthesia has not been found to be medically necessary. Furthermore, based upon the ODG Guidelines, the manipulation for adhesive capsulitis requires at least three to six months, where range of motion appears to be significantly restricted, in particular, abduction of less than 90 degrees. In this case, the patient had 150 degrees of abduction and indeed not only has far greater abduction than noted in the ODG Guidelines and indications, but also has shown to be progressive in improvement with the physical therapist. It is for this reason that the previous adverse determination is upheld. The reviewer finds that medical necessity does not exist for right shoulder manipulation w/ lysis of adhesions, 23700.

**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)