



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 06/13/08 (AMENDED 06/17/08)

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Serial manipulation under anesthesia for the right shoulder in a series of three

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

Licensed by the Texas State Board of Chiropractic Examiners

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.

Serial manipulation under anesthesia for the right shoulder in a series of three - Upheld

PATIENT CLINICAL HISTORY

On 12/20/06, x-rays of the right shoulder, right wrist, and right elbow were performed and interpreted by Dr. X-rays of the right shoulder revealed very mild degenerative changes of the AC joint with no acute osseous abnormalities identified. The x-rays of the right elbow revealed no acute osseous abnormalities of the right elbow with no joint effusion identified and the x-rays of

the right wrist revealed very mild degenerative changes of the first carpometacarpal joint space with no acute osseous abnormalities identified. On 12/27/06, the patient underwent an ultrasound procedure of the right shoulder, which was interpreted by Dr. The diagnostic ultrasound of the right shoulder revealed an impression of subtle features for biceps tenosynovitis and tendinosis/tendinopathy of the supraspinatus tendon and the ultrasounds of the right elbow and right wrist were negative. On 01/25/07, the patient underwent a pre-MRI arthrogram of the right shoulder and post arthrogram MRI scan of the right shoulder that was interpreted by Dr.. This study revealed a fenestrated full thickness tear, likely involving the middle two thirds of the supraspinatus tendon at the critical zone and a full thickness tear at some level within the midfibers was suspected. There was also irregularity of the biceps tendon at the ankle attachment without retraction, and a SLAP lesion was felt to be unlikely. Finally, there was a notation of mild capsular hypertrophy of the AC joint without evidence for impingement or entrapment. On 01/29/07, the patient underwent an EMG/NCV study interpreted by Dr.. The NCV impression was abnormal because of prolonged median f-wave latencies suggesting a C6 or C7 radiculopathy bilaterally. On 01/31/07, the patient underwent an FCE with Dr. . This study indicated that he was not able to meet his normal job duties and that he demonstrated significant deficits in the right shoulder, wrist, and elbow flexibility and strength when tested. On 02/21/07, the patient was evaluated by Dr. who noted a chief complaint of right shoulder pain. The physician's assessment reiterated the findings of the MRI study and he concluded that the patient had a full thickness rotator cuff tear. His plan included physical therapy with active range of motion exercise, injection of the subacromial space, Motrin and Ultracet, and to return to the clinic in eight weeks. On 03/28/07, another MRI scan of the cervical spine was performed and interpreted by Dr. and concluded with the impression of canal stenosis and bilateral neural foraminal narrowing, worse at C6-C7. There was no mention of disc herniation other than bulging annulus at multiple levels and a degenerative disc disease at the C3-C4 level. On 05/04/07, Dr. performed a right shoulder acromioplasty, distal clavicle resection, repair of the rotator cuff, and Marcaine injection. On 06/03/07, the patient was seen by Dr. for follow-up. He noted that there had been excellent results from the right rotator cuff repair and acromioplasty. He noted that the patient was progressing with his therapy and was very happy with his surgical result. The plan noted that the patient was to continue with physical/occupational therapy and excellent results at this time. On 09/17/07, the patient was seen by Dr. for follow-up. He noted that the patient had full range of motion to the right shoulder. On 11/09/07, the patient underwent a cervical ESI with Dr. On 02/07/08, the patient had a follow-up visit with Dr. Records included additional treatment notes from Dr. dated 02/14/08, 03/14/08, and 04/11/08. On 04/13/08, a preauthorization request was submitted by Dr. for the patient to undergo serial MUA for the right shoulder and right elbow. On 04/23/08, the patient was evaluated by Dr. Dr. determined that the patient had reached Maximum Medical Improvement (MMI) as of 04/23/08 with a 12% whole person impairment rating. This rating was calculated based on a 7% impairment rating for abnormal range of motion of the right shoulder and for a DRE Category II of 5% for the cervical spine. When combined, these values totaled 12%. On 04/23/08, the patient underwent a discharge FCE with Dr. It once again noted that the patient functioned at a light physical demand level with a maximum occasional lift of 30 pounds to waist

height. He stated that the patient could not return to work and perform in a safe and dependable manner. On 04/24/08, the request for serial MUA for the right shoulder, series of three, was denied by Dr. He noted in part that there is no documentation of specific range of motion arc deficits for either the right shoulder or right elbow nor is there documentation of any documentation to examine the complaint of strength loss. More specific, there was no documentation of performance and measurement of active/passive range of motion nor any documentation of abduction less than 90 degrees, which would be suggestive of formation of adhesive capsulitis. On 04/30/08, a follow-up FCE was performed with Dr. Diagnostic testing was demonstrated at the cervical spine as a major contributing factor to his current limitations. Treatment for the cervical spine had not been performed to date as the extent of injury was currently being disputed. Once again, it was noted that the patient functioned at a light physical demand level with a maximum occasional lift of 30 pounds to waist height. It was Dr. opinion that the patient would be a good candidate for MUA to assist with the significant scar tissue that has developed secondary to his injury. On 05/05/08, Dr. submitted a reconsideration request for the patient to undergo MUA. Dr. stated that the patient was getting worse with the lack of care. He stated that the Designated Doctor inferred that the only way that the patient would get better would be to have surgical intervention. On 05/13/08, the patient underwent a clinical interview performed Dr. It was recommended that he should receive immediate authorization for participation in a low level of individual psychotherapy for a minimum of six weeks. On 05/21/08, denial for the reconsideration of serial MUA for the right shoulder was issued by Dr. He concluded that based on the submitted information, clear evidence of right shoulder adhesive capsulitis was not provided. On 05/29/08, Dr. submitted a letter in regards to the request for an IRO review for the MUA for the shoulder and elbow. In this report, Dr. stated in part that the patient was progressively getting worse with lack of care.

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

Based upon the submitted documentation, there is no objective evidence of adhesive capsulitis diagnosis as it pertains to the right shoulder compensable area of injury. In addition, there is no objective documentation that the patient's condition is deteriorating. In looking at the results of functional measurements of the right shoulder beginning with the FCE of 01/03/07 through the FCE results of 04/30/08, it is clear that functional range of motion of the shoulder has improved. The orthopedic surgeon who performed the surgery on this patient noted that the patient had excellent results following the surgery, and that as of 09/17/07 had full range of motion. It is particularly noted that there is no documentation that the patient has been reevaluated by the orthopedic surgeon who performed the shoulder surgery since 09/17/07. Furthermore, there is no clinical objective evidence that this patient's pain level has continued to progressively worsen. In reviewing the subjective pain scale documented on each visit with the attending chiropractor, pain has consistently remained at a 4/10 level.

In closing, it is my opinion that the submitted documentation does not support the

medical necessity of the requested procedures to include serial manipulation under anesthesia for the right shoulder. The ODG shoulder chapter addresses manipulation under anesthesia as an option for adhesive capsulitis. There is no documentation to support a diagnosis of adhesive capsulitis in this patient. Therefore, the requested serial manipulation under anesthesia for the right shoulder in a series of three is not reasonable or necessary.

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 AND KNOWLEDGE BASE
- 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)