



Notice of Independent Review Decision
PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 6/19/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left shoulder arthroscopy, excision distal clavicle, debridement, and possible rotator cuff repair

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 2006 and pain Management since 2006.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- X Upheld (Agree)
Overtaken (Disagree)
Partially Overtaken (Agree in part/Disagree in part)

Left shoulder arthroscopy, excision distal clavicle, debridement, and possible rotator cuff repair Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a female who fell while at work. She sustained an injury to the left shoulder. MRI from 7/31/2006 revealed tendonitis and she under went surgery in 8/2006. The surgery did not help and she underwent another surgery in 7/2007. An arthrogram from 6/1/2007 showed no evidence of a tear. In a visit with Dr on 4/14/2008 a tender acromioclavicular joint was noted as well as signs of impingement. She had a full range of motion. At this time, the request for left shoulder arthroscopy, excision distal clavicle, debridement, and possible rotator cuff repair is under review.

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

The patient does not meet all of the ODG criteria for repeat arthroscopy with acromioplasty. She has failed to improve after 3-6 months of conservative care. She has painful arc motion in the 90-130 degree plane documented in the physician note on 5/6/2008 - pain with arm motion to shoulder level and higher. She also has positive impingement signs, tenderness over the AC joint and rotator cuff, and has had anesthetic relief from subacromial bursa injection by Dr. Clinical imaging also reveals AC joint DJD and she does have a history of RTC tear.

However, there was no documentation of a diagnostic AC joint injection. Given her significant and complex pain complaints in the shoulder and whole arm, including the non work related diagnosis of cervical radic, and self evident poor improvement with 2 prior surgeries, an AC joint injection would be of differential diagnostic importance before proceeding with a 3rd surgery.

Relief of the popping AC joint would be relieved by EDC. However, it is uncertain what degree of likely pain relief would be obtained by the EDC, aggressive debridement and possible repeat RTC repair.

Therefore, at this time, the previous denial is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

Name: Patient_Name

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

X 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)