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Notice of Independent Review Decision

DATE OF REVIEW: 09/02/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Left shoulder arthroscopy and possible rotator cuff repair

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Medical Records, Dr. dated 09/24/07 thru 05/19/08
2. CT Scan of the Left Shoulder dated 10/10/07
3. dated 10/25/07
4. Operative Report Left Shoulder Arthrogram dated 12/11/07
5. Post Arthrogram MRI of the left shoulder dated 12/11/07
6. Designated Doctor Evaluation report dated 12/18/07
7. Peer Review, Dr. dated 02/06/08
8. Utilization Review Determination dated 02/13/08
9. Utilization Review Determination dated 02/22/08
10. Coventry dated 08/11/08
11. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a xx year old male who was reported to have sustained an injury to his left shoulder on xx/xx/xx. On that day, he was reported to have been working with a large wrench and was putting a great deal of force trying to push it down. The wrench

broke causing his arm to suddenly give. The employee felt a sudden and sharp pain in his left shoulder and reported experiencing significant difficulty moving his arm.

Initially, the employee was seen in the emergency room in , where he was x-rayed but not given a thorough evaluation. He complained of 8/10 shoulder pain.

On 09/24/07, the employee was evaluated by Dr. who reported the history above. The employee had previously undergone a right shoulder surgery in June, 2005 but eventually recovered and had been back at work since. The employee had no known problems with left shoulder. Radiographs taken on that date revealed no clear evidence of fracture. There was an irregularity in the cortex of the inferior portion of the glenoid, which could be consistent with these evulsions or lip fracture. On physical examination, the employee held his left arm by his side, and with some coaxing, he was able to abduct his arm approximately 30 degrees and externally rotated approximately 45 degrees. The employee was experiencing a significant amount of pain, and there appeared to be some swelling around the left shoulder. He was neurologically intact. The employee was diagnosed with a probable fracture of the left glenoid.

The employee was subsequently referred for CT scan and provided oral medications.

On 10/10/07, the employee underwent CT of the left shoulder. No osseous fracture was identified, and specifically no fracture of the glenoid was identified. There was mild to moderate acromioclavicular osteoarthritis shown. It was indicated the employee had a Type 2 acromion.

The employee was seen in follow-up on 10/25/07. He reported that his pain was worse with the use of extremity pushing and pulling, as well as overhead activity. On physical examination, abduction was to 90 degrees and external rotation was to the occiput. The employee had a painful arc. A CT of the shoulder was reported to have been unremarkable. The employee was diagnosed with left shoulder pain.

The employee was subsequently referred to physical therapy and recommended to undergo MR arthrogram.

On 12/11/07, the employee underwent MR arthrography of the shoulder. This study reported a partial thickness intrasubstance tear in the anterior aspect of the distal supraspinatus tendon and degenerative arthritis in the AC joint with a Type 2 acromion.

The records suggested that the employee underwent some form of chiropractic treatment.

An MRI of the left shoulder obtained on 12/11/07 revealed a partial tear and inflammation of the supraspinatus tendon. It was recommended that the employee receive physical therapy. If the employee failed to improve, Dr. recommended arthroscopic surgery.

On 12/18/07, the employee was evaluated by Dr. , a designated doctor. Dr. found that the employee was not at clinical Maximum Medical Improvement (MMI).

On 01/07/08, the employee was seen in follow-up. It was reported that he had received twelve sessions of physical therapy. The employee was noted to be taking anti-inflammatories and continued to complain of pain when he reached behind his body. Upon examination, the employee had a positive impingement sign and weakness in abduction. There was no evidence of gross instability. The sulcus sign was negative. Apprehension was negative. The employee was neurologically intact distally.

The employee was seen in follow-up on 01/23/08. It was reported that the employee was status post an injection and additional physical therapy. He continued to experience pain in the left shoulder. Upon physical examination, the employee had a positive impingement sign. Motor strength was graded at 4/5. He had weak abduction. He had a negative sulcus sign. Speed sign was negative. He had no evidence of anterior instability. The employee was diagnosed with partial rotator cuff tear. Dr. recommended proceeding with arthroscopy.

On 02/06/08, a peer review was performed by Dr. . Dr. opined that the employee sustained a possible partial thickness tear of the supraspinatus tendon but not a full thickness tear. Dr. reported that this could be secondary to injury or it could be a normal degenerative type change from that perspective. The employee had not responded as one would normally expect and continued to have significant subjective complaints of pain and disability without clear-cut objective evidence on the injury and his MRI findings of why he should have such pain and persistent problems at this point in time. Dr. opined that the employee was most likely a poor candidate for any invasive procedures and opined that there was a possibility of significant symptom magnification.

On 02/13/08, Dr. reviewed the case and non-certified the left shoulder arthroscopy and possible rotator cuff repair. Dr. reported that records did not reflect the claimant met current guidelines criteria for physical examination findings, and therefore surgery was not recommended.

On 02/22/08, the case was resubmitted and reviewed by Dr. . Dr. reported that there was no documentation of subjective findings (pain with active arc motion 90 to 130 degrees, pain at night) objective findings (tenderness over the rotator cuff or anterior acromial area, and temporary relief of pain with anesthetic injection diagnosed injection test) evidenced-based criteria necessary to support the medical necessity of the requested left shoulder arthroscopy with possible rotator cuff repair. As a result, Dr. non-certified the request for operative intervention.

The employee was seen in follow-up on 03/10/08. At that time, the employee was reported to have weakness with abduction and positive impingement sign. He had no other evidence of instability. He had tenderness throughout the anterolateral aspect of the shoulder. Dr. again recommended proceeding with arthroscopic subacromial decompression and diagnostic arthroscopy. Should a full thickness tear be identified, it would be repaired.

The employee has continued to follow-up with Dr. . The most recent report was dated 05/19/08. The record indicates that the employee has not improved and continues to have painful shoulder range of motion with decreased abduction, and he continues to

have a positive impingement sign. The employee was reported to be unable to work in his current condition and will remain off work until after his surgery.

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

Based upon the submitted clinical information, the requested left shoulder arthroscopy and possible rotator cuff repair is considered medically necessary. The available medical records indicate that the employee sustained an injury to his left shoulder on xx/xx/xx. The employee has subsequently received extensive conservative care essentially over the last twelve months. This has included oral medications, physical therapy, chiropractic, and injections. The employee has failed to respond to any of these conservative treatments. The employee has undergone MR imaging of the shoulder which revealed a partial thickness tear. Based upon the submitted clinical information and the lack of progress with conservative management, the requested left shoulder arthroscopy would be considered medically necessary in an attempt to return the employee to normal functioning levels with the intent of returning the employee to work as soon as possible.

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

1. The ***Official Disability Guidelines***, 11th Edition, The Work Loss Data Institute.
2. The American College of Occupational and Environmental Medicine Guidelines; Chapter 9.