



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 08/07/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left shoulder manipulation under anesthesia with injection.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering shoulder trauma.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. SWF forms
2. TDI referral forms
3. Denial letters, 07/13/09 and 07/20/09
4. Carrier records
5. Surgery reservation sheet, 07/03/09
6. Clinical notes, thirteen entries between 09/24/07 and 06/08/09
7. Treatment and Diagnostics, 05/01/09
8. Operative report, 12/11/07
9. MR arthrogram, left shoulder, 12/11/07
10. CT scan, left shoulder
11. Operative report, 11/19/08
12. Rotator cuff repair, left shoulder
13. Multiple fax cover sheets
14. Utilization Review Unit forms
15. Requestor records

16. letter dated 11/08/07 authorizing MRI scan
17. Clinical notes, D.C., 03/03/09 and 01/21/08
18. TWCC-69 Report of Medical Evaluations, 02/01/09 and 01/07/08
19. Designated Doctor Evaluations, 12/18/07 and 01/27/09
20. Evaluation by M.D., 02/06/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered a straining injury to the left shoulder on xx/xx/xx. Apparently he was utilizing a combination wrench, the wrench broke, and he suffered a straining injury to his left shoulder. Evaluations and treatment revealed initially a partial rotator cuff tear, which was later confirmed to be a full thickness rotator cuff tear. An arthroscopic procedure was performed on 11/19/08. Rehabilitation of the shoulder postoperatively has resulted in some persistent discomfort. Physical examination reveals 170 degrees of forward flexion, 150 degrees of abduction, and 80 degrees of external rotation. A request has been submitted to perform manipulation under anesthesia with injection. This request was considered and denied. It was reconsidered and denied.

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

The performance of manipulation under anesthesia is limited to treatment of adhesive capsulitis, which implies significant diminished range of motion. This patient has clearly a functional range of motion. He has some residual discomfort and catching sensations. However, the performance of manipulation under anesthesia does not appear to be appropriate. Prior denials have been appropriate and should be upheld.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.

- _____ Peer reviewed national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)