

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left distal clavicle resection, open

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

M.D., board certified in Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 1/16/09, 2/2/09

MD, 12/19/08, 12/12/08, 11/18/08, 4/24/08, 1/24/08, 10/24/07, 10/3/07, 9/19/07, 9/5/07, 7/31/07, 4/26/07, 3/26/07

X-ray, Shoulder, undated

Hospital, 8/23/07, 9/7/07

Diagnostics LLC, 4/24/08, 7/31/07, 3/26/07

MRI left shoulder, 2/16/07

Operative Report, 9/6/07, 8/28/07

Evaluation Centers, 7/20/07

DO, 2/23/07

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old worker who was injured on xx/xx/xx. He has had a previous arthroscopic distal clavicular resection. The treating surgeon was concerned about infection versus inadequate resection. He continues to have pain with acromioclavicular stress testing. He is said to have spurs associated with distal clavicle. Previous reviewer had questioned how surgery could be necessary if the clavicle had been excised. However, the

treating surgeon has documented that the previous surgery that he, himself performed, was performed inadequately. The current request is for an open distal clavicle resection.

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

This patient has already satisfied the ODG Guidelines prior to his previous procedure. He has had extensive conservative care, injection of cortisone, and physical therapy. The records indicate he had a postoperative infection. The previous arthroscopic attempt at distal clavicular resection was inadequately performed according to the medical records provided, and it is for this reason that the surgery has failed. Hence, this patient, based on the medical records presented, does indeed appear to meet ODG criteria. It is for this reason that the previous adverse determination is overturned. The reviewer finds that medical necessity exists for outpatient left distal clavicle resection, open.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)