



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 01/27/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left shoulder manipulation under anesthesia.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

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

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. forms
2. referral forms
3. fax covers
4. Denial letters dated 11/29/08, 12/10/08, and 12/18/08
5. Requestor records
6. surgery reservation sheets times four
7. Fax cover requesting reconsideration, 12/11/08
8. Arthroscopy photos
9. Operative report, 11/19/08
10. Clinical notes, 09/09/08, 09/26/08, 12/02/08, and 12/17/08
11. Surgery scheduling sheet, , 11/19/08
12. MRI operative report, 11/12/08
13. Procedure orders, 11/12/08
14. Fax cover, 11/05/08
15. Copies of Journal of Bone and Joint Surgery Supplement Number Three, 2007, Volume 88, pages 1722-1725 concerning nerve root injections
16. ODG criteria, epidural steroid injections, Guides to Impairment Rating

17. printout on the effects of spinal steroid injections for degenerative disc disease
18. X-ray report of left shoulder and cervical spines
19. MRI scan of left shoulder, 07/18/07
20. MRI scan of cervical spine, 06/20/07
21. Review of medical records and examination, 12/03/07
22. Consultations 09/08/07 and 08/17/07
23. TWCC-69, 07/16/07
24. Evaluation Report, 07/18/07
25. URA records
26. Preauthorization, 12/11/08
27. Request for reconsideration, 11/18/08
28. Purchase cryotherapy unit, letter of medical necessity, 11/18/08
29. Prescription cryotherapy unit

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate xx-year-old female suffered a straining injury to her cervical spines, lumbar spines, and left shoulder on xx/xx/xx while attempting to carry and manipulate a vacuum cleaner. She underwent extensive evaluation and cervical spine treatment including epidural steroid injections. The evaluation of her left shoulder injuries revealed impingement findings with partial rotator cuff tear. She underwent an open rotator cuff repair, subacromial decompression, and Marcaine infusion pump placement on 11/19/08. Postoperative to this procedure, she suffered stiffness, and a request for preauthorization to perform manipulation under anesthesia was submitted within two or three weeks of the index surgical procedure. This preauthorization request was denied, and reconsideration was denied.

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

The manipulation of a shoulder for shoulder stiffness is not well supported by revisions of the ODG 2009 shoulder chapter. The previous denials appear to have been appropriate and should be upheld. Shoulder stiffness as a primary finding subsequent to injury or as a postoperative condition is best treated by physical therapy and other forms of nonoperative treatment. Unfortunately, the results of manipulation under anesthesia are not uniformly beneficial. The prior denials were 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, 2009, Shoulder Chapter.
- 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.)