



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 06/14/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Hardware removal, right humerus.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Orthopedic Surgery, fellowship trained in Hand and Upper Extremity Surgery

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:

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INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient suffered multiple injuries including scapula fracture, distal clavicle fracture, and massive rotator cuff tear and greater tuberosity fracture. He had multiple surgeries with multiple complications, which eventually led to a total shoulder arthroplasty. He also had plating of his clavicle fracture. The patient had continued pain over the clavicular plate, and Dr. recommended surgical removal of this plate to decrease symptoms. This has been denied by the insurance company as medically unnecessary due to poor documentation.

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

The denial for this patient's hardware removal was based on poor medical documentation, and it did not document this well. However, the letter of clarification from Dr. to Dr. clarified the hardware that needed to be removed. Clavicular plates are very commonly symptomatic, and this patient is. Surgical removal of the plate is medically reasonable and necessary.

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.
- 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).
Matsen's Shoulder Text and OKU Shoulder.
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)