



Notice of Independent Review Decision

**DATE OF REVIEW:** 11/24/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Arthroscopic right shoulder subacromial decompression, distal claviclectomy, purchase of ARC brace and Polar Care unit

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients with shoulder pathology

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
726.10	29824		Prosp.						Overturn
726.10	29826		Prosp.						Overturn
726.10	L3760		Prosp.						Overturn
726.10	E0218		Prosp.						Overturn

**INFORMATION PROVIDED FOR REVIEW:**

1. Independent Review forms
2. TDI referral forms
3. Denial letters, 11/06/09, 10/22/09, and 10/13/09
4. IRO letter and review, 11/06/09
5. Fax cover sheets
6. Surgery precertification request, 10/08/08
7. Patient demographics
8. Patient history, 11/13/08
9. Progress notes, 12/29/08, 12/11/08, and 11/13/08
10. Physical therapy evaluation, 04/22/09
11. Physical therapy progress notes, nine entries between 04/28/09 and 05/20/09
12. MRI arthrogram, right shoulder, 02/27/09
13. Patient information forms, 02/27/09
14. Multiple TWCC-73 forms between 11/13/08 and 10/06/09
15. Medication records, 12/08/08
16. Patient information, 01/29/09
17. Supplemental reports of injury,
18. Office clinical records, eleven entries between 01/29/09 and 10/06/09
19. Subacromial injection, 04/06/09
20. Surgical precertification request, 10/08/09
21. Medical record review, 03/26/09

22. Evaluation letter rescheduling appointment, 11/03/09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a female with complaints of right shoulder pain subsequent to lifting strain-type injuries. The date of injury is given as xx/xx/xx. However, there have been repeated episodes of lifting what are described as heavy objects, producing strain-type injury. The patient's symptoms have periodically responded to medication, physical therapy, activity modifications, and subacromial injections. She had a prolonged period of significantly improved symptoms, and now has had a recurrence of symptoms. The principle symptoms are pain and painful arc of motion of the right shoulder. She has impingement signs positive. MR arthrogram revealed no rotator cuff tear. However, there is a suggestion of superior labral anterior posterior lesion and possible erosive lesion of the glenoid articular cartilage. The patient has responded on a periodic basis to a number of problems; however, she has had a significant recurrence now for several months. A recommendation has been made to perform an arthroscopic surgical procedure including a subacromial decompression, partial distal claviclectomy, purchase of an ARC brace, and a Polar Care unit. The requests were considered and denied; however, it would appear that the surgical procedure and the DME equipment would be authorized according to ODG 2009 standards.

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

This patient has had extensive non-operative treatment including extensive physical therapy, medications, activity modifications, and local injections. There appear to be at least four passages which are present in the ODG 2009 Shoulder Chapter, which are applicable to this patient's clinical circumstances. The passages include surgery for impingement syndrome, surgery for SLAP lesions, diagnostic arthroscopy, and continuous cold flow cryotherapy. The criteria are essentially very similar and require a documentation of non-operative treatment with response. The patient has intermittent diminished range of motion secondary to pain. She has had consistent impingement signs positive, even when diminished painful symptoms are present. She has had an appropriate medication regimen and an appropriate exercise regimen without total relief. The provider has considered diagnostic arthroscopy as indicated, and the diagnostic arthroscopy passage appears to be particularly relevant. In addition, the continuous flow cryotherapy is recommended postoperatively, and the ARC brace is justified by the statement that the patient has most of the symptoms when she moves her elbow away from her side and her shoulder into external rotation or internal rotation. The ARC brace is described as one which obstructs the abduction maneuver. It would appear that the request for surgical preauthorization and the DME equipment requested are appropriate, medical necessity has been established, and approval should be provided.

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

- 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, passages for surgery for impingement syndrome, surgery for SLAP lesions, and diagnostic arthroscopy, and continuous flow cryotherapy.
- 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.)