

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** OCTOBER 19, 2009

**IRO CASE #:**

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

Medical necessity of proposed left shoulder intra articular injection (20610)

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
847.2	20610		Prosp	1					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 179 pages of records received to include but not limited to:

DWC forms 1,32,69; report Dr. 9.2.09; records, Dr. letter of medical necessity, note 7.14.09; Medical supplies 7.14.09; Dr. notes 11.17.08-6.25.09; letters 9.25.08-7.6.09; Diagnostic Associates 5.11.09-6.25.09; PhD note 5.20.09; TDI letter 2.6.09, 3.23.09; DDE 4.6.09; report, Dr. 4.21.09; MRI L Shoulder 3.17.09; MRI L-spine 11.19.08; x-ray C spine 9.11.08; docket SA09-111819-01-CC-SA41 order; EMS supply order; Professional Association weekly therapy summary; progress notes; Hospital note 8.28.08; letter 12.16.08

URA records- a total of 35 pages of records received to include but not limited to: TDI letter 9.28.09; IRO request forms; 9.14.09, 9.24.09; notes, Dr. 9.8.09-9.16.09; MRI L shoulder 3.17.09; note Dr. 7.14.09; Workers clinic note 9.2.09

Requestor records- a total of 0 pages of records received to include but not limited to: 9.29.09-faxed first request for records; 10.12.09 faxed 2<sup>nd</sup> request for records; 10.13.09-called spoke to who stated would fax 7-8 pages worth of records; not received

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The medical records presented for review begin with the September 14, 2009 pre-authorization request for an intra-articular injection into the left shoulder. The note reflects that the injured employee had completed a work conditioning program. As per the reviewer, there was insufficient clinical data presented to support this request.

Ten days later a reconsideration was filed. The reviewer noted that there are limited indications for a shoulder intra-articular injection and that the injured employee does not have glenohumeral joint osteoarthritis. A questionable impingement syndrome was noted, the appeal was denied and the indication was that a different request (sub-acromial v. gleno-humeral injection) was to be submitted.

The September 16, 2009 letter of reconsideration listed the diagnoses as left biceps tendinopathy, a supraspinatus sprain, tendonitis of the subscapularis and a subdeltoid bursitis.

There is a March 17, 2009 shoulder MRI that notes no intra-articular gleno-humeral joint pathology. There are bony changes at the insertion of the rotator cuff. In addition, degenerative fibrillated changes to the supraspinatus were described. The changes listed above were noted as well.

Dr. completed an evaluation on July 14, 2009 and noted that Mr. had head and neck pain and Dr. diagnosed impingement syndrome of the left shoulder and a cervical strain. A sub-acromial injection was suggested. In addition a cervical pillow and TENs unit were prescribed.

The progress notes from Dr. are reviewed indicating a cervical spine strain and a left shoulder strain with impingement syndrome. It was noted that the primary care was being delivered by D.C. D.C. completed a functional capacity evaluation and noted that Mr. should not return to work. The data reported demonstrated a lack of veracity on the part of Mr.

Dr. completed an electrodiagnostic evaluation noting "equivocal" evidence of a cervical radiculopathy. That determination is generous at best when considering the clinical data reported.

D.C. completed a Designated Doctor evaluation noting that maximum medical improvement had not been reached. The Designated Doctor noted that the injured employee had completed "32 weeks of physical therapy and TENs unit usage". The findings noted on cervical plain films and shoulder MRI were reported. An additional FCE was noted.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S**

**POLICIES/GUIDLEINES OR THE NETWORK’S TREATMENT GUIDELINES,  
THEN INDICATE BELOW WITH EXPLANATION.**

The specific request is for an intra-articular shoulder injection. One takes this to mean a gleno-humeral injection. As noted in the Division mandated Official Disability Guidelines Shoulder Chapter updated October 12, 2009 indicates “Recommended as indicated below. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. ([Hay, 2003](#)) Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among Orthopaedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. ([Skedros, 2007](#)) There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis. Although injections into the subacromial space and acromioclavicular joint can be performed in the clinician’s office, injections into the glenohumeral joint should only be performed under fluoroscopic guidance. ([Burbank, 2008](#))” in reviewing the progress notes, there is no indication of an adhesive capsulitis or rotator cuff tear. Further, as noted in this section of the ODG, sub-acromial injections are not indicated either.

In that there is no noted rotator cuff tear, no objectified adhesive capsulitis there is any clear clinical indication for a gleno-humeral injection this far out based on the medical records.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES