

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** October 16, 2009

**IRO CASE #:**

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

Right shoulder arthroscopy with lysis of adhesions.

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

Fellow American Academy of Orthopaedic Surgeons

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Diagnostics (01/14/09)
- Reviews (01/30/09 - 07/21/09)
- Office visits (03/16/09 - 08/26/09)
- Utilization reviews (08/31/09 – 09/09/09)
  
- Office visits (01/06/09 – 06/30/09)
- Diagnostics (01/14/09)
- Reviews (07/21/09)

**TDI**

- Utilization reviews (08/31/09 – 09/09/09)

**ODG criteria have been utilized for the denials.**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who fell on wet driveway on xx/xx/xx, and sustained injury to his right shoulder.

In January 2009, the patient was evaluated by M.D., for right shoulder pain radiating into the biceps area and up in the right side of the neck. Examination revealed clicking and weakness in the right shoulder. There was restricted cervical extension and mild limitations with bilateral cervical rotation. There was bony prominence at the left acromioclavicular (AC) joint with supraspinatus atrophy, and slightly positive impingement sign. History was significant for right shoulder arthroscopy x2, mini open rotator cuff repair, and manipulation under anesthesia (MUA). On x-rays, Dr. noted mild glenohumeral joint osteoarthritis, moderate-to-advanced AC joint arthrosis, and osteopenia in the proximal humerus. He diagnosed cervical muscle strain, history of right rotator cuff repair, and rotator cuff syndrome; and prescribed Darvocet.

Magnetic resonance imaging (MRI) of the cervical spine revealed loss of disc signal and moderate bony hypertrophic changes at C2-C3, C3-C4, and C4-C5 resulting in mild-to-moderate left-sided neural foraminal encroachment at these levels possibly resulting in left C3, C4, and C5 radiculopathy; minimally encroached right neural foramen; and loss of disc signal with mild ligamentous thickening and mild bony hypertrophic changes at C5-C6 and C6-C7. MRI of the right shoulder revealed (1) Deformity involving the posterior margin of the bony glenoid suspicious for a prior fracture at this site. The labrum appeared to be truncated in this region. (2) Edematous and irregular long head of the biceps tendon particularly superiorly. The tendon was partially obscured due to metallic artifact from apparent prior surgery. (3) Moderate-to-moderately advanced tendinosis/tendinitis involving the periphery of the supraspinatus tendon, most pronounced posteriorly. Possibly a small partial thickness tear in the substance of the tendon approximately 20% in severity. (4) Moderate compromise/impingement of the subacromial space, primarily due to the steep lateral downslope of the acromion resulting in mild mass effect underlying the supraspinatus muscle/tendon peripherally.

Dr. treated him with series of right shoulder injections followed by aquatic therapy.

In a peer review, M.D., rendered the following opinions: (1) The patient was suffering from pre-existing condition. He had never fully recovered from the previous right shoulder conditions and surgeries. (2) In most medical probability, the mechanism of injury (MOI) might have initiated yet another round of subacromial bursitis. There was insufficient evidence of an acute, focal pathoanatomic lesion that might be directly attributed to the MOI. There was insufficient evidence that the pre-existing condition or findings have been permanently aggravated or exacerbated by the MOI. (3) There was insufficient symptomatic or clinical evidence to support a diagnosis of cervical radiculopathy and all the findings on the cervical MRI were most medically probably chronic in nature. They appeared to have been neither temporarily or permanently aggravated nor exacerbated by the alleged MOI. (4) Compensable injury was acute aggravation of chronic subacromial bursitis of the right shoulder. (5) Future treatment would include typical non-operative management/conservative care per Official Disability Guidelines (ODG) criteria for the compensable injury. There was no indication of surgery at this time.

Dr. noted the injections helped the patient only temporarily. The right shoulder pain persisted. He prescribed Darvocet, Ambien, and Voltaren gel.

On July 21, 2009, M.D., a designated doctor, opined the patient was not at maximum medical improvement (MMI) secondary to significant symptoms and limitation of motion in the shoulder. He recommended arthroscopic surgery for lysis of adhesions and possible manipulation.

In August, Dr. evaluated the patient for pain in right shoulder with limited range of motion (ROM). Examination revealed unchanged previous examination and positive Tinel's on right ulnar nerve at elbow. Dr. prescribed Darvocet-N and recommended right shoulder arthroscopy with lysis of adhesions.

Per utilization review dated August 31, 2009, request for right shoulder arthroscopy with lysis of adhesions was denied with the following rationale: *"The records in this case outline a slip and fall injury of xx/xx/xx, with predominantly shoulder complaints. An August 26, 2009, office note refers to a positive Tinel's over the cubital tunnel. However, there are no other findings of ulnar nerve compromise at the cubital tunnel, and there is no documentation of conservative treatment directed to the cubital tunnel. The treating physician, Dr. is unavailable for comment. Based on the limited information provided, I would not be able to recommend as medically necessary the proposed cubital tunnel injection."*

Per utilization review dated September 9, 2009, an appeal for right shoulder arthroscopy with lysis of adhesions was denied with the following rationale: *"The patient sustained an injury dated xx/xx/xx, due to a slip and fall. The patient complained of right shoulder pain. Range of motion is limited and with pain. MRI of the right shoulder dated January 14, 2009, showing deformity involving the posterior bony glenoid, suspicious for fracture. Labrum appears to be truncated in this region. Edematous of the long head of the biceps appears to be partially intact. Moderate-to-advanced tendinosis of the supraspinatus tendon with small partial tear. There is a moderate impingement of the subacromial space due to steep lateral downsloping of the acromion. Based on the submitted clinical information, the documentation of failure of conservative management for the patient including physical therapy progress notes, adequate pain medications, and injections were not provided for review. As such the necessity of the requested surgical procedure was not established."*

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

**THE CLAIMANT A MALE IS NOTED TO HAVE THREE PRIOR SURGERIES. IMAGING STUDIES HAVE SHOWN OSTEOPENIA OF THE HUMERAL HEAD AND MILD GLENOHUMERAL ARTHRITIS AND MODERATE ACROMIOCLAVICULAR ARTHRITIS. PHYSICAL EXAM SHOWED ATROPHY OF THE SUPRASPINATUS MUSCLE AND MRI SCAN IS CONSISTENT WITH A DEFECT IN THE POSTERIOR GLENOID AND A TRUNCATED GLENOID LABRUM. WITH THESE PHYSICAL AND IMAGING FINDINGS, IN MY OPINION, THE PATIENT WOULD HAVE LIMITED SUCCESS WITH AN ARTHROSCOPY AND MANIPULATION. A CAUSE FOR CONCERN WOULD BE THE OSTEOPENIA IN THE HUMERAL HEAD. THERE IS ALSO NO DOCUMENTATION THAT THIS PATIENT HAS HAD PHYSICAL THERAPY FOR STRETCHING FOR ATTEMPTED RANGE OF MOTION. THERE IS ALSO**

**NO DOCUMENTATION THAT THE PATIENT HAS HAD HOME PROGRAM FOR STRETCHING.**

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
  
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**