

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/26/2010

**IRO CASE #:**

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

Outpatient right shoulder decompression 23130 23120

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

M.D., Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Office notes of Dr., 07/07/10, 08/11/10, 08/08/10, 10/06/10

Peer reviews 09/15/10 and 10/06/10

Right shoulder MRI report 07/08/10

Physical therapy notes 07/12/10 to 08/06/10

06/29/10 Urgent Care visit

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female who injured her right shoulder while carrying a bucket of meat on xx/xx/xx. Past medical history included left shoulder surgery two times in 2000. Dr. evaluated the claimant on 07/07/10 for right shoulder pain with movement, overhead activity, lifting and throwing. Examination revealed positive impingement sign, normal strength and tenderness over the anterolateral border of the acromion and over the long head of the biceps. There was supraspinatus tenderness. A corticosteroid injection to the right shoulder was done. X-rays of the right shoulder showed slight acromioclavicular arthrosis. Physical therapy and MRI was recommended. The MRI of the right shoulder, dated 07/08/10, revealed acromioclavicular osteoarthritis type III coracoacromial arch with medial outlet impingement, tendinopathy partial tear rotator cuff without full thickness tear and subcoracoid bursitis with no osteochondral lesions. On 08/11/10, the claimant reported she was better following the injection but worse with physical therapy. A repeat shoulder injection was performed. Flexeril, ketoprofen and light duty were recommended. On 09/08/10, the claimant reported that the

injection helped for 2-3 days. Diagnosis was rotator cuff impingement syndrome. On 10/06/10, Dr. saw the claimant. The claimant reported she was getting worse. Examination revealed tenderness over the anterolateral border of the right acromion and over the supraspinatus on the right. There was crepitus with movement of the right shoulder. Active range of motion of the right shoulder revealed abduction was to 125 degrees. Impingement signs were noted. Flexion and abduction was to 90 degrees. Internal rotation was with pain. There was marked tenderness of the right acromioclavicular joint. Darvocet was recommended. The plan was for a decompression and Mumford procedure.

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

The claimant has signs and symptoms of impingement syndrome. She has failed conservative treatment. She has had therapy and two injections. She has a painful arc of motion. She has tenderness and a positive Hawkins sign. She has been treated conservatively with injections, medication, modified duty, and therapy. In light of her ongoing symptoms, this Outpatient right shoulder decompression 23130 23120 is medically necessary based upon Official Disability Guidelines. She has had three to six months of conservative treatment. She has subjective complaints of pain with limited motion and positive impingement findings. The reviewer finds that there is medical necessity for Outpatient right shoulder decompression 23130 23120.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter shoulder, acromioplasty

Operative treatment, including isolated distal clavicle resection or subacromial decompression (with or without rotator cuff repair), may be considered in the treatment of patients whose condition does not improve after 6 months of conservative therapy or of patients younger than 60 years with debilitating symptoms that impair function

ODG Indications for Surgery| -- Acromioplasty

Criteria for anterior acromioplasty with diagnosis of acromial impingement syndrome (80% of these patients will get better without surgery).

1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS
2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night (Tenderness over the greater tuberosity is common in acute cases.) PLUS
3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS
4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.

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

ACOEM-AMERICA 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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)