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Notice of Independent Review Decision

DATE OF REVIEW: 11/30/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: APPEAL Right Shoulder Arthroscopy/EUA/Debridement/SAD/
Mumford/RCR Request Received Date 10/28/2010

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 05/03/10 - Clinical Note - MD
2. 05/07/10 - Physical Therapy Notes
3. 05/10/10-06/25/10 - Physical Therapy Flow Sheet
4. 05/10/10 - Clinical Note - MD
5. 05/24/10 - Clinical Note - MD
6. 06/14/10 - Clinical Note - MD
7. 06/14/10 - Texas Work Status Report
8. 06/25/10 - Physical Therapy Note
9. 06/28/10 - Clinical Note - MD
10. 06/28/10 - Texas Work Status Report
11. 07/02/10 - MRI Right Shoulder
12. 07/07/10 - Letter - MD
13. 07/07/10 - Clinical Note - MD
14. 07/07/10 - Texas Work Status Report

- 15.07/13/10 - Clinical Note - MD
- 16.07/13/10 - Texas Work Status Report
- 17.07/25/10 - Peer Review
- 18.08/27/10 - Clinical Note - MD
- 19.09/22/10 - Designated Doctor Evaluation
- 20.09/22/10 - Report of Medical Evaluation
- 21.09/22/10 - Functional Capacity Evaluation
- 22.10/18/10 - Clinical Note - MD
- 23.10/26/10 - Utilization Review
- 24.11/04/10 - Utilization Review
- 25.11/02/10 - Peer Review Addendum
- 26.11/15/10 - Letter - Law Offices of
27. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who sustained an injury on xx/xx/xx when she reached out to catch a falling employee and felt pain to the right shoulder.

The employee saw Dr. on 05/03/10 with complaints of right shoulder pain. Physical examination reveals positive Hawkins sign and positive empty can test. Radiographs of the shoulder demonstrate no fracture or dislocation. The employee was assessed with tendonitis of the shoulder. The employee was given Toradol 60mg IM. The employee was prescribed Hydrocodone. The employee was recommended for physical therapy.

The employee attended fourteen sessions of physical therapy from 05/10/10 through 06/25/10.

MRI of the right shoulder performed 07/02/10 demonstrated changes in the acromioclavicular arch with some T2 hyperintensity in the clavicle, probably from contusion and sprain. There was grade I impingement of the supraspinatus. There was tendinosis of the supraspinatus. There was tenosynovitis of the longhead of the biceps tendon.

The employee saw Dr. on 07/07/10. The note stated the employee had attended six to seven weeks of physical therapy with no improvement. The employee rates the pain at 8 out of 10 on the VAS scale. Physical examination reveals tenderness to palpation over the right acromioclavicular joint. There was full passive range of motion. Impingement sign was positive. There was tenderness to palpation over the bicipital groove, but the employee denies tenderness over the supraspinatus insertion. The employee was advised to continue physical therapy. The employee was prescribed Flexeril and Vistaril.

The employee saw Dr. on 08/27/10 with complaints of right shoulder pain. Physical examination reveals tenderness to palpation over the acromioclavicular joint. Neer and Hawkins signs are positive. The employee was recommended for physical therapy.

The employee was seen for Designated Doctor Evaluation on 09/22/10. The employee complains of aching, burning, stabbing pain with numbness from the right shoulder up to the neck and down to the elbow. The employee rates the pain at 7 out of 10 on the VAS scale. Current medications include hydrocodone, Celebrex, and Excedrin Migraine. Prior treatment includes physical therapy and electrical stimulation. Physical examination reveals decreased range of motion of the right shoulder. There was decreased grip strength of the right upper extremity. The employee was assessed with right shoulder sprain. The employee was not placed at MMI at this time. The note recommends surgical correction of the "acromioclavicular supraspinatus situation". The employee was returned to work with restrictions.

A Functional Capacity Evaluation was performed on 09/22/10. The employee's occupation as a requires a heavy physical demand level. The employee was currently functioning at a light physical demand level.

The employee saw Dr. on 10/18/10 with complaints of right shoulder pain. Physical examination reveals tenderness over the acromioclavicular joint. Neer and Hawkins impingement sign are positive. The employee was recommended for surgical intervention.

The request for Right shoulder arthroscopy/EUA/Debridement/SAD/ Mumford/RCR was denied by utilization review on 10/26/10 due to lack of significant acromioclavicular joint degenerative findings of MRI. There was no indication that the employee has undergone prior injection therapy for the right shoulder.

The request for Right shoulder arthroscopy/EUA/Debridement/SAD/Mumford/RCR was denied by utilization review on 11/04/10 as the employee has not exhausted all lower levels of care including cortisone injections to the shoulder prior to consideration of surgery. There was no imaging evidence of a partial or full thickness tear.

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

The requested right shoulder arthroscopy to include debridement, sub-acromial decompression, Mumford procedure, and rotator cuff repair does not meet guideline recommendations. The employee has objective findings consistent with impingement in the right shoulder; however, this has not been confirmed with diagnostic injections. The MRI study of the right shoulder demonstrates evidence consistent with mild impingement of the supraspinatus tendon; however, no partial thickness or full thickness tearing was noted that would require repair of the rotator cuff at this point in time. As the clinical documentation does not meet guideline recommendations for the request, medical necessity is not supported.

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

Official Disability Guidelines, Online Version, Shoulder Chapter