Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

# PEER REVIEWER FINAL REPORT

**DATE OF REVIEW:** 12/30/2009
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Appeal Right Shoulder Arthroscopy, Subacromial Decompression, Biceps Tenotomy

**QUALIFICATIONS OF THE REVIEWER:**
This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/11/2004 and currently resides in MO.

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

**X** Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Appeal Right Shoulder Arthroscopy, Subacromial Decompression, Biceps Tenotomy Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Fax cover pages by dated 12/15/2009
2. Facsimile cover sheet by dated 12/14/2009
3. Confirmation of receipt of a request for a review by an independent review organization (IRO) by dated 12/14/2009
4. Notice to utilization review agent of assignment of independent review organization form by dated 12/14/2009
5. Request service by MD dated 12/2/2009
6. Fax cover pages by 12/2/2009
7. Fax cover pages by dated 11/5/2009
8. Notification of determination by MD dated 11/4/2009
9. Chart document by dated 10/28/2009
10. Pre-operative history and physical report by dated 10/27/2009
11. Texas workers' compensation work status report by dated 10/26/2009
12. Workers compensation patient information sheet by dated 10/22/2009
13. Patient referral form by dated 10/21/2009
14. Progress note by MD dated 10/17/2009
15. Fax cover sheet by dated 10/14/2009
16. Fax cover pages by dated 10/12/2009
17. Progress note by MD dated 10/7/2009
18. New patient consultation note by MD dated 9/9/2009

19. Progress note by MD dated 8/28/2009
20. Progress note by MD dated 8/20/2009
21. MRI of the right shoulder plain by MD dated 8/17/2009
22. X-ray lab report by MD dated 8/5/2009
23. Progress note by MD dated 8/5/2009
24. Progress note by MD dated 7/29/2009
25. X-ray lab report by MD dated 7/24/2009
26. Progress note by MD dated 7/24/2009
27. X-ray lab report by MD Robert dated 7/24/2009
28. Progress note by MD dated 7/17/2009
29. Pre-authorization review request by author unknown dated 7/16/2009
30. Progress note by MD dated 7/14/2009
31. Progress note by MD dated 710/2009
32. Pre-authorization confirmation sheet by dated 10/12/2009
33. Hand therapy prescription note by author unknown dated 10/12/2009
34. Official Disability Guidelines (ODG)

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This injured employee (IE) is a female who was injured on x/xx/xx when a pan fell on her head and right arm. She was treated for partial thickness burns of her arm and facial and scalp lacerations. She began to complain of right upper extremity shoulder pain on 7-22-09. She was treated with physical therapy and injections. She returned to work on 7-24-09. She continued to complain of pain and decreased range of motion. An MRI from 8-17-09 demonstrated supraspinatus tendinosis, mild edema right acromioclavicular (AC) joint and Type 1 acromion. She underwent the steroid injection on 9-9-09 and still complains of pain.

The note from 7/22 gives the diagnosis of tendonitis, which is really hard to develop in a 12 day period from the original injury. On 7/24 she was noted to have full range of motion (FROM), positive Speers and Positive supraspinatus. On 7/24 there was a normal x-ray. On 7/29, PA note indicates FROM. On 8/20, restricted activity was ordered. On 9/9/09 she was given an injection, diagnosis now included impingement and she was referred to an orthopaedic surgeon. On 10/7, a note from Dr. Metzger indicates injection provided 3 hours of relief in her shoulder. She had forward flexion to 130 degrees and the doctor commented "very good ROM." She had positive Jobe and Neer tests. A PT report from 10/12 after 12 sessions of PT indicates the IE was improving and better ROM: 166 flexion and 134 abduction and normal IR/ER. On 10/21, the doctor noted positive Neer, Jobe and Hawkins tests, and again "very good motion".

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

The mechanism of injury is not consistent with a shoulder injury leading to impingement, as her mechanism was a pan falling on her arm and head. The MRI is the only diagnostic study presented and indicates no rotator cuff tear, but tendonitis. The injured employee (IE) has a non pathologic acromion-Type 1, of which surgery is rarely indicated. In addition, there are no radiographs to compare her AC to the contralateral side and to comment on space available. There are no PT notes included. Furthermore, there is no mention of biceps pathology on MRI.

There is not adequate documentation with clinic notes of signs and symptoms to meet ODG criteria. The procedure is not medically necessary and does not meet ODG criteria.

Specifically, the request for acromioplasty does not meet the criteria below:

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: There are no PT notes provided and no indication treatment has been consistent for an extended area of time.

2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees, and Pain at night: There is no mention of painful arc of motion or pain at night.

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).

None of the above is documented in the notes available. There is mention of injection, but no follow up.

4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view, and Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of impingement.

Only MRI was provided, no radiographs.

An additional 83 pages of clinical notes dating back to original injury date were received. There is no mention of shoulder pain at all during the initial visits. In fact, by the 7/22/09 visit, the burn was healed and her scalp was not bothering her and she mentioned her shoulder hurt when she lay on her side. It is unclear how the pan could land on

her scalp and arm and still lead to a shoulder injury. There was no indication she reached to try to stop the pan as it hit her arm.

The new information provided did not change the recommendation. There is no indication for a subacromial decompression and biceps tenotomy. There is really no mention of biceps tendon pathology in notes or radiographic studies. The radiographic studies do not support the need for surgery. Clinical notes indicate excellent ROM and she was responding to PT-12 visits over a short time. She still does not meet ODG criteria for surgery. Thus, the recommendation is to uphold the previous denial.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- **X** 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
- **X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Clin J Sport Med. 2009 Mar;19(2):83-9.
Shoulder impingement: relationship of clinical symptoms and imaging criteria.
Mayerhoefer ME, Breitenseher MJ, Wurnig C, Roposch A.

Cochrane Database Syst Rev. 2003;(2):CD004258.
Physiotherapy interventions for shoulder pain.
Green S, Buchbinder R, Hetrick S.

Cochrane Database Syst Rev. 2008 Jan 23;(1):CD005619.
Surgery for rotator cuff disease.
Coghlan JA, Buchbinder R, Green S, Johnston RV, Bell SN.