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Notice of Independent Review Decision

DATE OF REVIEW: 12/25/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The service under dispute is the medical necessity of a left shoulder arthroscopy and manipulation under anesthesia.

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

The reviewer is a Medical Doctor who is a board certified Orthopedic Surgeon. This physician has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of a left shoulder arthroscopy and manipulation under anesthesia.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Dr and.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr: 6/13/08 through 11/13/09 reports by Dr., 7/22/08 lab report, 7/29/08 pathology report, 7/22/08 ECG strips, 7/22/08 chest xray report and 6/24/08 left shoulder MRI report.

Medinsights: 11/2/09 denial letter, 11/2/09 report by MD, 10/28/09 preauth request, 10/12/09 addendum report by, MD, 8/12/09 report by MD, 11/24/09

denial letter, 11/24/09 report by, 9/29/09 DD report by Dr., daily rehab and exam notes of 5/27/08 to 3/20/09, 3/6/09 to 3/24/09 weekly assessment by Health Centers, 8/24/08 to 3/4/09 team conference reports, 12/16/08 D report by Dr., 12/16/08 FCE report, 8/14/08 LMN, 2/18/09 approval letter, 10/27/08 through 2/17/09 aquatic therapy scripts, 12/2/08 denial letter, 11/20/08 script, 10/29/08 approval letter, 10/23/08 script, 8/15/08 approval letter, 6/1/08 to 8/7/08 letters from, 7/14/08 approval letter, 7/14/08 preauth request, 5/27/08 shoulder radiographic report, 5/27/08 ER records from Physicians Hospital, 7/28/08 operative report, 8/18/08 TENS script, 9/16/08 approval letter, 8/15/08 approval letter, 8/13/08 script, 5/29/09 DD report by Dr., 6/29/09 addendum report by Dr., WC daily notes 4/27/09 to 5/26/09, 5/22/09 discharge evaluation by, 5/29/09 FCE report, 4/27/09 initial eval report, 4/22/09 FCE report and 8/28/09 addendum by Dr..

We did not receive the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a gentleman who was injured at work. The records reviewed document a prior L shoulder arthroscopic decompression and mini open cuff repair plus graft, as of 7/08. Significant chronic adhesive capsulitis was noted on 11 13 09, despite extensive passage of time and months of therapy treatments. Forward flexion to 140 degrees was noted. Internal rotation was to T8 with 30 degrees of ext. rotation (including scapulothoracic compensation) and persistent weakness being noted. The claimant was considered for arthroscopic surgery with manipulation under anesthesia to address the "frozen shoulder." 10/09 dated (and prior) notes from a Dr. were reviewed, as was the IME from a Dr.. Dr. felt that the examinee's ROM was "invalid" during his follow-up eval. Of the claimant and that abduction was really 160 degrees with 148 degrees of flexion and 70 degrees external rotation. He felt that "no formal treatment" was at all indicated.

An 11 2 09 dated review from a Dr. indicated that a noncertification was applicable on the basis of unknown abduction and amount of prior therapy, and, the lack of imaging studies documenting pathology warranting arthroscopic surgery. An 11 24 09 dated review from Dr. noted that the combined proposed procedures should be non-certified for similar rationale. Post-op shoulder rehab (therapy and work conditioning) records from the Alivio facility were also reviewed. On 8 12 09, a Dr. Xeller performed an IME. Abduction and flexion were to 140 and 120 degrees resp. Internal rotation was to T6 and external rotation was 20 degrees, without muscle atrophy. Only mild weakness against resistance and negative impingement were noted in the stable shoulder.

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

The claimant's motion has been inconsistent and not supportive of an adhesive capsulitis diagnosis. Guidelines support manipulation only with an established

diagnosis. (The diagnosis of adhesive capsulitis typically includes markedly reduced abduction as the primary indication for a potential manipulation under anesthesia.) In addition, with the lack of consistent mechanical abnormalities on exam, and, the lack of documented pathological imaging studies in addition, arthroscopic treatment is also not reasonably required.

Regarding MUA, the ODG indicates that it is under study as an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), manipulation under anesthesia may be considered.

There is some support for manipulation under anesthesia in adhesive capsulitis, based on consistent positive results from multiple studies, although these studies are not high quality. Manipulation under anesthesia (MUA) for frozen shoulder may be an effective way of shortening the course of this apparently self-limiting disease and should be considered when conservative treatment has failed. MUA may be recommended as an option in primary frozen shoulder to restore early range of movement and to improve early function in this often protracted and frustrating condition. Even though manipulation under anesthesia is effective in terms of joint mobilization, the method can cause iatrogenic intra-articular damage. When performed by chiropractors, manipulation under anesthesia may not be allowed under a state's Medical Practice Act, since the regulations typically do not authorize a chiropractor to administer anesthesia and prohibit the use of any drug or medicine in the practice of chiropractic. This case series concluded that MUA combined with early physical therapy alleviates pain and facilitates recovery of function in patients with frozen shoulder syndrome. This study concluded that manipulation under anesthesia is a very simple and noninvasive procedure for shortening the course of frozen shoulder, an apparently self-limiting disease, and can improve shoulder function and symptoms within a short period of time, but there was less improvement in post-surgery frozen shoulders.

Regarding adhesive capsulitis surgery, the clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment.

The patient does not meet the required criteria as established above. Therefore, the treatment does not meet medical necessity requirements based upon the medical records submitted.

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**
- 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)**