

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038

972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: JULY 19, 2010 AND AMENDED: JULY 23, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed inpatient right shoulder manipulation w/ arthroscopic SAD, Mumford possible RCR (29824, 29826)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
726.0	29824		Prop	1			11.12.08	8942791	Upheld
726.0	29826		Prop	1			11.12.08	8942791	Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The progress notes presented for review begin with the July 29, 2009 assessment from Dr. This note referred to a video that apparently demonstrated that the injured employee had range of motion far in excess of what had been reported. A return to work status was noted. Multiple physical therapy notes are reviewed.

Dr reported early acromioclavicular arthritis of the right shoulder, degenerative in nature, on plain films. The physical examination noted a morbidly obese lady, and changes consistent with a rotator cuff tear. The assessment was possible rotator cuff tear, tendonitis and AC joint arthritis.

Diagnostic imaging of the shoulder was not tolerated by the claimant. There were positive impingement findings reported on physical examination. Physical therapy was continued.

The June 14, 2010 note indicated this to be a “very complicated Workers’ Compensation case.” The date of injury is noted as November 12, 2008 when the injured employee was lifting something and felt a pop in her shoulder. Treatment has been delivered but surgical intervention denied. The treatment has been complicated by the diabetes. There was a decreased range of motion and tenderness over the acromioclavicular joint. The assessment was not rotator cuff tear rather an adhesive capsulitis and impingement. Treatment suggested was a manipulation under anesthesia, debridement and distal clavicle resection.

The non-certification from Dr. focused on the lack of objectification of the pathology and the ability to move the shoulder. Dr. completed the reconsideration and secondary to responses to physical therapy this was not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC’S POLICIES/GUIDLINES OR THE NETWORK’S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines this procedure is indicated for those with abduction less than 90°. The patient has a noted range of motion of at least 90 degrees.. Further, the surgical intervention is not addressing sequale to the reported mechanism of injury as the arthritis is an ordinary disease of life malady. Based on the records, there is no clinical indication and the treatment suggested in not a function of the injury sustained.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES