

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 7/1/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left should manipulation under anesthesia

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

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)

Left should manipulation under anesthesia Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice of utilization by dated 6/14/2010
2. Letter by DO dated 6/9/2010
3. Notification of determination by MD dated 5/20/2010
4. Reservation sheet by author unknown dated 5/12/2010
5. Orthopedic report by MD dated 3/16/2010 to 5/10/2010
6. Operative report by MD dated 3/10/2010
7. Orthopedic consult by MD dated 2/2/2010
8. Computerized muscle testing by MD dated 12/3/2009
9. X-ray shoulder by MD dated unknown
10. History physical by author unknown dated unknown
11. Pre-op orders by MD dated unknown
12. Notice to air analycs by, dated 6/14/2010
13. Independent review organization by author unknown, dated 6/14/2010
14. Request form by author unknown, dated 6/11/2010
15. Letter by DO, dated 6/9/2010
16. Review summary by DO, dated 6/8/2010
17. Notification of determination by MD, dated 5/20/2010
18. Review summary by MD, dated 5/19/2010
19. Fax page by author unknown dated 6/14/2010
20. Review organization by author unknown dated 6/14/2010
21. Case assignment by, dated 6/14/2010
22. Request form by author unknown dated 6/11/2010
23. Review summary by, MD dated 6/8/2010
24. Requested service by, MD dated 5/21/2010 & 6/9/2010
25. Review summary by, MD dated 5/19/2010
26. Notification of determination by author unknown dated 5/18/2010
27. Reservation sheet by author unknown dated 5/12/2010
28. Note by, MD dated 4/16/2010
29. Operative report by, MD dated 3/10/2010
30. Scheduling information by author unknown dated 3/10/2010
31. Test results by author unknown dated 3/3/2010

32. Clinical note by, dated 3/3/2010
33. Notice of medical necessity by author unknown dated 2/17/2010
34. Fax page by author unknown dated 2/12/2010 & 5/21/2010
35. Physical findings by author unknown dated 2/2/2010
36. Initial consultation by, MD dated 1/6/2010
37. Orthopaedic report by, MD dated 12/3/2009
38. MRI of the left shoulder by MD dated 2/23/2009
39. Request for IRO by author unknown dated unknown
40. Form to TDL by author unknown dated unknown
41. History and physical by author unknown dated unknown
42. Pre op orders by, MD dated unknown
43. X-ray by, MD dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is male, who injured his left shoulder on xx/xx/xx. He tried conservative treatment, but ultimately had shoulder surgery. On March 10 2010, he underwent a left shoulder arthroscopy with labral repair, rotator cuff repair and subacromial decompression. The injured employee has complained of severe pain post operatively, rating it up to 10/10. He has participated in PT. Latest notes indicate: limited ROM with abduction of 60-70 degrees. This was consistent with his April 16 visit, in which it is also mentioned he had 120 degrees of passive motion.

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

The denial of the MUA (manipulation under anesthesia) is considered upheld. Currently the injured employee is 3 months from his surgery. The clinic notes indicate the injured employee is participating in PT. There are no PT notes provided to assess the efficacy of the treatment and how they are addressing his ROM. At this point, 3 months after surgery, the repair is stable and much more aggressive PT for ROM can commence. Thus the injured employee should be re-evaluated after the more aggressive PT commences.

In addition, with his severe pain 10/10 and numbness/tingling complaints, there could be other conditions which need to be ruled out or addressed. Cervical spine pathology and issues of secondary gain need to be ruled out.

ODG guidelines do support MUA after 3-6 months of conservative care.

In this case, the injured employee is at 3 months, but there is not documentation of the PT performed to assess for efficacy of the treatment. The injured employee has the same AROM in May as he did in April so evaluation of the PT needs to be completed by his MD.

Regarding the additional 48 pages received, there was not any additional information provided to change the decision. Review of Dr. notes indicate most were completed by his PA. There were some objective measurements of ROM and strength as completed by Dr.. There was no significant difference between the notes, including that before surgery. Of note, the injured employee had a note from Dr. from 1/10 indicating that the injured employee was on Hydrocodone, Mobic and Soma. This indicates there may be chronic pain issues and this can affect rehabilitation. In addition, cervical spine pathology needs to be ruled out prior to any shoulder procedures, especially the latest notes indicate tingling in the C8--T1 distribution. These confounding issues have not been adequately evaluated or addressed in the notes provided. In addition, there still are no PT progress notes provided. 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
- 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)

PM R. 2009 Dec;1(12):1064-8. Adhesive capsulitis: a new management protocol to improve passive range of motion. Mitra R, Harris A, Umphrey C, Smuck M, Fredericson M. Stanford University School of Medicine, 450 Broadway St, Mailcode: 6342, Redwood City, CA 94063, USA. rmitra@stanford.edu

Adhesive capsulitis: a new management protocol to improve passive range of motion. Mitra R, Harris A, Umphrey C, Smuck M, Fredericson M. Stanford University School of Medicine, 450 Broadway St, Mailcode: 6342, Redwood City, CA 94063, USA. rmitra@stanford.edu

Arch Phys Med Rehabil. 2009 Dec;90(12):1997-2002. Randomized controlled trial for efficacy of intra-articular injection for adhesive capsulitis: ultrasonography-guided versus blind technique. ee HJ, Lim KB, Kim DY, Lee KT. Department of Rehabilitation Medicine, Ilsan-Paik Hospital, Inje University, and Institute of Sports Rehabilitation, Inje University, Goyang city, Gyonggi-do, South Korea. honglee@paik.ac.kr

Arch Phys Med Rehabil. 2010 Jun;91(6):965; author reply 965.

Acta Orthop Belg. 2007 Feb;73(1):21-5. Adhesive shoulder capsulitis: does the timing of manipulation influence outcome? Flannery O, Mullett H, Colville J. Department of Orthopaedics, Beaumont Hospital, Dublin, Ireland. oliviaflannery@yahoo.co.uk

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