

SENT VIA EMAIL OR FAX ON  
May/18/2010

## P-IRO Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/17/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left Shoulder Scope Coracoclavicular Ligament Reconstruction

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

Doctor of Medicine (M.D.)  
Board Certified in Orthopaedic Surgery  
Fellowship Training in Upper Extremities

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Denial Letters 4/10/10 and 4/22/10  
Dr. 8/11/09 thru 4/5/10  
Radiology Reports 8/18/09 and 6/17/09

**PATIENT CLINICAL HISTORY SUMMARY**

The patient has a very symptomatic grade III AC separation and rotator cuff sprain. The request for surgery has been denied.

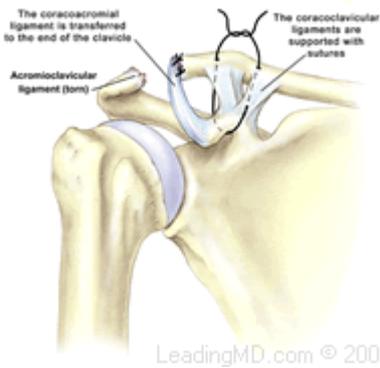
**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The request is medically reasonable and necessary. Symptomatic grade III AC separations

can be fixed with reasonably good outcomes. The MRI findings of rotator cuff pathology warrant a diagnostic arthroscopy at the time of reconstruction. As per the Steadman-Hawkins clinic:

## Operative Treatment

Weaver-Dunn procedure



Surgery may be necessary for AC separations that do not respond well to non-operative treatment. If, after 2 to 3 months, pain continues in the AC joint with overhead activity or in contact sports, surgery may be necessary. There are some physicians who offer early surgery for a select group of Grade III AC separations based upon the activities and demands these patients place upon the shoulder.

These patients include:

- young, active individuals (over the age of 13).
- laborers whose jobs require heavy overhead work.
- athletes in non-contact sports whose overhead movements are stressful and frequent.

A variety of surgical methods have been used to stabilize a separated AC joint. The surgical technique most often performed involves the reconstruction of the coracoclavicular ligaments and the **excising** (removal) of the **distal** (shoulder) end of the clavicle. **Distal clavicle resection without the repair of the ligaments may lead to excessive rotation of the scapula.** Reconstruction studies show that the AC joint can be adequately stabilized by :

- a fixation across the acromioclavicular space with pins or plates.
- loop fixation from the clavicle to the coracoid process using synthetic materials.
- The most common reconstructive procedures today use a screw or suture loop to stabilize the joint.

In a distal clavicle resection, about 10-15mm of the clavicle is removed through a two-inch incision above the joint. The AC ligament is then transferred from the bottom of the acromion into the cut end of the clavicle to replace the torn ligament.

The request is medically reasonable and necessary in this case.

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

ACOEM-AMERICA 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)