



REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Diagnostic right shoulder arthroscopy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Orthopedic Surgery, Fellowship Trained in the Upper Extremity

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Confirmation of receipt of request for IRO
2. denial letters, 12/31/09 and 12/11/09
3. TDI IRO assignment letter, 02/16/10
4. Psychological evaluation, 07/16/09
5. Functional Capacity Evaluation, 03/27/09
6. Progress report, Texas Orthopedic Consultants, 11/26/08
7. Fluoroscopy, right shoulder, 08/12/09
8. MR arthrogram, right shoulder, 08/12/09
9. EMG, 06/17/09
10. MRI scan right shoulder without contrast, 06/11/09
11. MRI scan right shoulder, 06/27/08
12. Surgical records, 08/19/08, including operative report and hospital records
13. Peer Review, 09/20/08
14. Designated Doctor Evaluation, 05/14/09
15. Functional Capacity Evaluation, 05/14/09
16. Impairment rating, 01/26/09
17. Notes from, M.D., 11/02/09, 10/12/09, 09/21/09, 08/10/09, 07/13/09, 06/15/09
18. Tarrant County Chiropractic and Rehabilitation, handwritten notes, 05/14/09
19. Page two of a note from Dr., orthopedic surgeon, 11/26/08
20. Impairment rating, 01/21/09
21. Second page of note from Dr., 05/18/09
22. Initial consultation with Dr., 05/18/09
23. Referral, 06/23/09, for Orthopedics
24. MRI scan, right shoulder, 08/27/08
25. MRI scan of lumbar spine, 08/12/09
26. Letter from, D.C.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient previously underwent shoulder arthroscopy and open repair of a supraspinatus tear on 08/19/08. He continued to have pain in his shoulder, and a repeat MR arthrogram was performed, which showed that the cuff repair was intact, but there was joint space narrowing in the glenohumeral joint with hypertrophic changes as well as some subacromial bursitis. The patient has physical therapy as well as a steroid injection, which appears to be in the subacromial area. He was noted to have range of motion of 0 degrees to 150 degrees but deltoid atrophy as well as pos impingement and significant rotator cuff weakness. The provider is recommending shoulder arthroscopy, and this was denied due to the lack of peer review obtained. There was no rationale in the requesting surgeon's records as to why the arthroscopy was needed.

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

The patient has continued pain two years after a rotator cuff repair. The patient had a large retracted tear. It appears there is some deltoid atrophy, which could imply an axillary nerve injury. This could also explain the patient's continued shoulder pain and weakness. In addition, a repeat MR arthrogram reveals the cuff is intact. However, there is narrowing of the glenohumeral joint and hypertrophy noted consistent with osteoarthritic changes. Based on the workup including MR arthrogram as well as the deltoid atrophy, it would not appear that a diagnostic arthroscopy is necessary. The diagnosis is made. The patient has possible axillary nerve injury and deltoid atrophy but most likely has continued pain due to glenohumeral osteoarthritis. Based on the records provided as well as the ODG Guidelines, this patient does not appear to be a candidate for diagnostic arthroscopy of the shoulder. The request is not medically reasonable or necessary.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (OKU Shoulder).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)