



REVIEWER'S REPORT

DATE OF REVIEW: 03/28/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Evaluation under anesthesia, right shoulder arthroscopy, subacromial decompression, removal of hardware, rotator cuff repair, and adhesiolysis, right shoulder

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering shoulder problems and injuries

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. xxxxx forms
2. TDI referral forms
3. Preauthorization review summaries, sixteen entries between 01/30/08 and 01/13/10
4. Requestor records
5. Clinical notes, M.D., 22 entries between 05/14/08 and 01/13/10
6. MRI scan of the right shoulder, 12/19/07
7. Clinical notes, xxxxx, 64 entries between 05/28/08 and 01/13/10
8. Clinical notes, M.D., 08/25/09
9. Procedure note, 09/03/09
10. Carrier records
11. Designated Doctor Evaluation, 02/08/10
12. TWCC-73 forms, fourteen between 12/07/07 and 02/03/10
13. xxxxxx, 09/03/09, injection

14. History and physical examination, 07/24/09
15. BDI psychiatric testing, 09/22/09
16. Request for Designated Doctor Evaluation, 01/22/09
17. Chronic pain assessment, 04/10/09
18. xxxxx, EMG/nerve conduction study, 09/10/08
19. Operative reports, 06/24/08 and 08/12/08, manipulation under anesthesia, subacromial glenohumeral injections
20. Discharge summary, 06/24/08 and 08/12/08
21. Operative report, 12/16/08, right shoulder arthroscopy, 360-degree release and labral debridement
22. Discharge summary, 12/16/08
23. MR arthrogram, right shoulder, 09/19/08, mild tendinopathy
24. CT scan of right shoulder, 12/14/09
25. Physician records
26. Letter to patient, 01/13/10
27. Multiple letters, D.C., seventeen entries between 05/14/08 and 01/13/10
28. Occupational injury report, 05/06/08
29. D.O., notes, 04/23/08, 04/02/08, 01/18/08, 03/14/08, and 02/01/08
30. Multiple physical therapy records, April 2008
31. clinical notes, eight entries between 11/26/07 and 04/09/08
32. Operative report, 03/18/09, subacromial decompression and rotator cuff repair
33. Insurance Company, explanation of benefits
34. PT referral, 03/14/08
35. Multiple Riata Physical Therapy notes, thirteen entries between December 2007 and April 2008
36. URA records
37. CT scan, left shoulder, 12/14/09
38. Preauthorization adviser review form, 07/06/___
39. Peer-to-peer form for request reconsideration, 01/05/10
40. ODG criteria for diagnostic arthroscopy, adhesive capsulitis, impingement syndrome, and rotator cuff repair

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate female suffered a straining injury to her right shoulder on xx/xx/xx. She was felt to have suffered a rotator cuff tear at that time. Under the care of, D.O., a surgical procedure was performed on 03/18/08 consisting of subacromial decompression and rotator cuff repair utilizing suture anchors. Postoperatively the patient has done poorly. She has been persistently symptomatic with pain and diminished range of motion of the right shoulder. She has been treated extensively in physical therapy and with repeated subacromial cortisone injections. A repeat surgical procedure was performed on 12/16/08 consisting of a right shoulder arthroscopy, labral debridement, and capsular release. She continues to suffer physical findings compatible with shoulder impingement syndrome and adhesive capsulitis. Most recently the patient has been recommended for evaluation under anesthesia, shoulder arthroscopy for subacromial decompression, hardware removal, and rotator cuff repair with adhesiolysis on the basis of failure to

progress in improvement of symptoms by nonoperative treatment. This recommendation has been considered and repeatedly denied.

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

The most recent evaluation of this patient occurred on 02/08/10 in the form of a Designated Doctor Evaluation. The Designated Doctor concluded that the patient continues to suffer right shoulder impingement syndrome, arthrofibrosis of the right shoulder, and a chronic pain disorder. The patient's persistent diminished range of motion and persistent pain have not responded to extensive nonoperative treatment. Criteria for the performance of examination under anesthesia, subacromial decompression, and adhesiolysis have been met. It would appear appropriate that this surgical procedure should be performed in an effort to provide the patient with symptomatic relief.

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, 2010, Shoulder Chapter, Surgery for Impingement Syndrome and Surgery for Frozen Shoulder/Adhesive Capsulitis
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 (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)