Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 05/11/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Shoulder Arthroscopy
Acromioplasty
Debridement
DCE
Rotator Cuff Repair

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

Orthopaedic Surgeon
Board Certified in Physical Medicine and Rehabilitation
Certified in Evaluation of Disability and Impairment Rating -
American Academy of Disability Evaluating Physicians

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Left Shoulder Arthroscopy - UPHELD
Acromioplasty - UPHELD
Debridement - UPHELD
DCE - UPHELD
Rotator Cuff Repair – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Handwritten Progress Notes, M.D., 05/12/08, 05/15/08, 06/05/08, 07/29/09, 10/29/09, 11/05/09, 12/17/09
- Maximum Medical Improvement (MMI)/Impairment Rating (IR) Report, Dr. 06/26/08
- Employer's First Report of Injury or Illness, Bastrop County, 11/23/09
- Emergency Record, xxxxx, 12/22/09
- MRI Left Shoulder, M.D., 12/22/09
- Evaluation, M.D., 01/19/10, 02/11/10, 02/19/10, 03/26/10, 04/13/10
- MRI Cervical Spine, M.D., 01/27/10
- Nerve Conduction Studies and Electromyography, M.D., 02/04/10
- Joint Injection, Dr., 02/19/10
- Shoulder Evaluation, xxxxx, 02/26/10
- xxxxxx Work Capacity Form, 03/26/10
- Designated Doctor Evaluation (DDE), M.D., 03/26/10
- Pre-Authorization Request, Dr., 03/26/10, 04/06/10
- Denial Letter, Specialty Services, 04/02/10, 04/13/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was climbing a fence, fell and injured her genital area, then fell to the ground and injured her left shoulder. She was initially treated with a Medrol Dosepak and an intramuscular injection of Dexamethasone. She underwent an MRI of the left shoulder which demonstrated tendinitis of the supraspinatus tendon without definitive evidence of a rotator cuff tear. There were moderate osteoarthritic changes of the acromioclavicular joint with mild extrinsic compression on the myotendinous junction of the supraspinatus with an inferior spur measuring 4 mm. She then went on to report numbness around the left elbow, tingling around the left elbow, left wrist numbness, pain in the left wrist and left wrist tingling. She underwent two steroid injections, which only provided her with two days of relief. She was then treated with anti-inflammatory medications and a Medrol Dosepak again, without any significant relief. An MRI of the cervical spine was carried out and demonstrated mild degenerative disc disease at C5-C6. An EMG/NCV test was performed, which revealed no abnormalities. She then underwent a lateral

subacromial space injection to the right shoulder, which provided her with four hours of relief. Her current medications included Ibuprofen, Reglan, Klonopin, Xanax and Norco.

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

The patient has been diagnosed with an injury to the left shoulder that occurred on 10/11/09. She has undergone conservative care for over six months at this point in time. She has never responded to a steroid injection, which is extremely unusual in light of the fact that she gets good relief with the anesthetic agent for hours at a time. Her initial MRI did not demonstrate any significant fluid nor did it indicate a significant tear of the rotator cuff tissue. The patient's symptoms do not fit a classic chronic impingement symptomatology with all the numbness and tingling throughout the upper extremity, which is not something that would be associated with chronic shoulder impingement symptomatology. Therefore, it is my opinion that the patient is a poor candidate for invasive treatment due to the fact that multiple complaints would not be addressed by a shoulder decompression at this point in time. While failure to respond to conservative measures may be an indication for arthroscopic debridement and acromioplasty, there has been nothing in the diagnostic studies to indicate that she will require a rotator cuff repair based on her prior diagnostic studies, though the records do not reflect that additional diagnostic studies have been performed, such as an MR arthrogram, to see if she truly does or does not have any evidence of a rotator cuff tear. Therefore at this time, it would be my opinion that the patient, with her varying, non-physiologic-type symptomatology, would be a poor candidate for shoulder decompression. She is very likely to continue with subjective complaints of pain postoperatively from that perspective based on her varying types of pain throughout the entire left upper extremity.

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**

- [x] **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- [ ] **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- [ ] **MILLIMAN CARE GUIDELINES**
- [x] **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)**