

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 11/5/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right shoulder arthroscopic capsulorrhaphy, subacromial decompression; right elbow epicondylar lateral release

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics

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)

Right shoulder arthroscopic capsulorrhaphy, subacromial decompression; right elbow epicondylar lateral release
Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notes by author unknown dated 10/20/2010
2. Notice by, MD dated 10/18/2010
3. Request for a review by author unknown dated 10/15/2010
4. Request form by author unknown dated 10/14/2010
5. Letter by dated 9/28/2010
6. Letter by RN dated 9/8/2010
7. Progress note by author unknown dated 8/26/2010
8. Rehabilitation services assessment and treatment plan by author unknown dated 7/22/2010
9. X-ray report by MD dated 6/30/2010
10. Clinic note by MD dated 6/16/2010 to 8/30/2010
11. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who sustained injury on xx/xx/xx. Clinical note dated 06/17/2010 reported the patient was injured when her right hand was caught in a press, which forced her wrist into palmer flexion and pulled her arm into abduction and extension. She has had persistent pain in her shoulder and elbow and been unable to return to normal job duties. Physical exam of the right shoulder reported findings of positive apprehension with relocation, associated popping, 5/5 rotator cuff strength, equivocal Speed's test, and mild pain with supraspinatus

Name: Patient_Name

testing. Physical exam of the right elbow revealed findings of tenderness over the lateral epicondyle region, exacerbated by wrist extension. The injured employee was given a cortisone injection into the lateral epicondylar region. MRI of the right shoulder dated 06/30/2010 revealed findings of acromioclavicular joint osteoarthritis and grossly unremarkable appearance of the glenoid labrum. A clinical note dated 07/19/2010 reported that the injured employee had improvement with a prior injection without complete resolution of symptoms. The injured employee was given a cortisone injection into the subacromial space and recommended for physical therapy, medication management, and tennis elbow strap. Physical therapy note dated 08/26/2010 reported the injured employee had completed eight sessions of treatment. A clinical note dated 08/30/2010 reported that the injured employee had symptoms of instability in her shoulder. In that report, she had been previously treated with conservative management to include strapping, injections, and physical therapy. Physical exam of the right shoulder revealed findings of positive apprehension, 4+/5 rotator cuff strength, and pain with resisted abduction. Physical exam of the right elbow revealed findings of pain over the lateral aspect with pain exacerbated by resisted extension and supination. The injured employee was recommended for surgical intervention.

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

The prior determinations of denials for the request for right shoulder arthroscopic capsulorrhaphy and subacromial decompression are upheld. The notes indicate that the injured employee has been previously treated with eight sessions of physical therapy and one cortisone injection. The MRI study submitted for review revealed evidence of acromioclavicular joint osteoarthritis. There is a lack of significant degenerative findings to warrant surgical intervention at this time. There is also a lack of a history of recurrent dislocations of the right shoulder. As such, the prior determinations are upheld.

The prior determinations of denials for the request for right elbow epicondylar lateral release are upheld. Documentation indicates that the injured employee has been previously treated with eight sessions of physical therapy and one cortisone injection. Practice guidelines state that 95% of all patients with lateral epicondylitis are treated without surgery. There is limited documentation to indicate the injured employee has exhausted all conservative care options at this time. 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)