Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient right shoulder arthroscopy subacromial decompression distal clavicle resection and rotator cuff repair

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

08/13/10
7/20/10
06/16/10 MR right shoulder
07/01/10, 08/05/10 Office records Dr.
08/06/10, 07/14/10 Request for authorization
Xx/xx/xx Employer's First report of Injury
08/13/10, 07/20/10 UR notice
06/08/10 Admission record/emergency room records
Official Disability Guidelines 2010 Updates: Chapter: shoulder
08/24/10 Lettter from Dr. MD

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male with a work related injury date of xx/xx/xx being evaluated for outpatient right shoulder arthroscopy with subacromial decompression and distal clavicle resection, and a rotator cuff repair. The claimant has a 06/16/10 right shoulder MRI examination indicating a type II curved acromion with no significant lateral down sloping. There is a partial external surface tear versus a small full thickness tear of the supraspinatus tendon just lateral to the superior glenoid. The infraspinatus portion of the rotator cuff is intact. The long head of the biceps tendon is probably intact and there are no findings of a superior paralabral cyst or superior labral tear. The posterior labrum is normal in

appearance. The anterior labrum is rudimentary in appearance and may be chronically torn. The impression is partial external surface tear of the proximal supraspinatus tendon and a probable tear or maceration of the anterior labrum. The claimant has a 07/01/10 orthopedic evaluation where the claimant reports pain in the right shoulder described as frequent and moderate in character and quality. Apparently the mechanism of injury involved a fall. The claimant had initial medical treatment by another physician along with the above reviewed MRI, a sling, and analgesics.

The claimant's symptoms were made worse with lifting and rotation. Weakness is always present. Range of motion of the joint is decreased due to loss of extension. The claimant's right shoulder exam is very brief, "range of motion 50 percent of normal". A review of the above reviewed radiologist MRI report according to the treating physician shows "very large avulsion rotator cuff, acromioclavicular DJD, type III acromion". The claimant's impression is right shoulder large avulsion involving supraspinatus into infraspinatus with a large retraction, full thickness tear of rotator cuff. Recommendation for the claimant is arthroscopic subacromial decompression, distal clavicle resection, and a rotator cuff repair.

The claimant's evaluation on 08/05/10 again reiterates the same brief physical examination finding of, "range of motion 50 percent of normal". Again, the MRI interpretation by the treating physician indicates "a large avulsion of the supraspinatus with retraction, but the MRI is such poor quality that definite diagnosis is not possible". Similar impression is rendered for the claimant as noted above and again the above noted surgical intervention is recommended.

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

ODG Guidelines criteria for treatment of partial thickness rotator cuff tear or acromial impingement indicates that 80 percent of these patients get better without surgery. With respect to conservative care documentation of three to six months of conservative treatment must be noted. In the claimant's case the duration of conservative treatment or the type of treatment is not documented. It is also unknown as to whether the claimant had received a cortisone injection. Objectively there must be documentation on examination of weakness or absence of abduction, a painful arc, tenderness over the rotator cuff, and positive impingement. In the claimant's case physical examination as noted above is very brief. There is no documentation of weak abduction, tenderness over the greater tuberosity, or painful arc. Finally, ODG criteria with respect to MRI imaging require evidence of a deficit in the rotator cuff. In the claimant's case the radiologist has diagnosed a partial external surface tear of the proximal supraspinatus tendon. However, the treating physician interprets the MRI quite differently indicating a large avulsion involving the supraspinatus/infraspinatus with large retraction and full thickness tear of the rotator cuff. It is clear, therefore, in reviewing the facts of this case that there is a large discrepancy between the treating physician interpretation of the MRI, and the radiologist's interpretation of the MRI. Due to the brief nature of the claimant's physical exam report, it is difficult to ascertain as to the degree of impairment with respect to the claimant's shoulder with respect to range of motion, strength, local tenderness, or painful arc.

Due to the great degree of discrepancy between the treating physician's MRI interpretation compared to the radiologist's interpretation, given the fact that there is no documentation of conservative management, and absent a comprehensive orthopedic physical examination, the request for outpatient right shoulder arthroscopy subacromial decompression distal clavicle resection and rotator cuff repair cannot be considered medically necessary at this time.

Official Disability Guidelines 2010 Updates: Chapter shoulder:

Indications for Surgery -- Rotator cuff repair

Criteria for rotator cuff repair with diagnosis of full thickness rotator cuff tear AND Cervical pathology and frozen shoulder syndrome have been ruled out

1. Subjective Clinical Findings: Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. PLUS

2. Objective Clinical Findings: Patient may have weakness with abduction testing. May also demonstrate atrophy of shoulder musculature. Usually has full passive range of motion. PLUS

3. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary views. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.

Criteria for rotator cuff repair OR anterior acromioplasty with diagnosis of partial thickness rotator cuff repair OR acromial impingement syndrome (80% of these patients will get better without surgery.

1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS

2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night (Tenderness over the greater tuberosity is common in acute cases.) PLUS

3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS

4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff

(Washington, 2002)

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

[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)