

P&S Network, Inc.

8484 Wilshire Blvd, Suite 620, Beverly Hills, CA 90211

Ph: (323)556-0555 Fx: (323)556-0556

Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 09/22/2010

IRO CASE #:

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

This case was reviewed by a Orthopaedic Surgery Doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right total shoulder arthroplasty with 1 day LOS

REVIEW OUTCOME

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

Overturned (Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o 03-11-10 Right shoulder MRI read by Dr.
- o 05-17-10 Right shoulder MRI read by Dr.
- o 06-24-10 Release to Duty form from Dr. M., MA
- o 06-29-10 Orthopedic medical report from Dr.
- o 07-13-10 Patient contact information from Dr.
- o 07-13-10 Initial Evaluation from Dr.
- o 07-26-10 Pre-authorization request (fax) from unsigned
- o 07-29-10 Letter requesting shoulder arthroplasty from Dr..
- o 07-29-10 Pre-authorization request (fax) from unsigned
- o 08-24-10 Medical report, unsigned
- o 09-07-10 Request for IRO from the Claimant
- o 09-13-10 Confirmation of Receipt of Request for IRO from TDI
- o 09-13-10 Notice to P&S of Case Assignment from TDI
- o 09-17-10 Orthopedic report from Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews the patient is a male employee who sustained an industrial injury to the right shoulder on xx/xx/xx when changing a truck tire.

Right shoulder MRI performed on March 11, 2010 was given impression: 1. Articular surface partial thickness tears involving both the supraspinatus and infraspinatus tendons as discussed above. 2. Tendinosis/tendinopathy of the subscapularis tendon. 3. Several small loose bodies within the joint space. 4. Joint effusion. 5. Advanced osteoarthritis as discussed above. The findings also note, there is advanced osteoarthritis involving the glenohumeral joint. Large marginal osteophytes are noted along the humeral head. There is some remodeling of the glenoid process and complete loss of articular cartilage. Multiple subcortical degenerative geodes are noted within the humeral head as well as the glenoid process. The labrum is extremely truncated in

appearance consistent with multi-positional labral tears.

Repeat right shoulder MRI was performed on May 17, 2010 and noted subacromial and cubcoracoid bursitis and tenosynovitis of the long head of the bicipital tendon. There was impingement syndrome manifested primarily by hypertrophic changes of the AC joint with moderate buttressing against the supraspinatus muscle and tendon, synovitis of the AC joint, subacromial eburation, cystic degeneration changes at the greater tuberosities, and peritendinous inflammatory fluid. There was also degenerative osteoarthritic changes with the presence of an intraarticular loose body and right shoulder joint effusion. There is no evidence of partial or full thickness tear of the rotator cuff.

The patient was taken off work on June 24, 2010 for six months, as he was unable to perform his usual duties.

The patient was provided an orthopedic consultation on June 29, 2010. His right shoulder pain came on suddenly when changing a tire. He has difficulty sleeping. It is difficult to move the shoulder. The MRI shows end-stage degenerative changes in the glenohumeral joint with inferior osteophytes formation. A partial thickness rotator cuff tear was also noted with bony anatomy consistent with impingement. He has a co-morbid condition of Diabetes mellitus. He does not smoke. He is using Hydrocodone, Celebrex and cardiac meds. His history includes a right shoulder surgery, bilateral total knee arthroplasties and index finger surgery. There is no sign of cervical radiculopathy. Distal nerve function is intact. Elbow examination is unremarkable. Right shoulder forward elevation is to 105 degrees, external rotation to 20 degrees and internal rotation to the mid gluteal region. There is crepitation with internal and external rotation. There is no significant atrophy or instability. There is mild tenderness over the AC joint. Assessment is right shoulder partial thickness rotator cuff tear with significant post-traumatic degenerative arthritis of the glenohumeral joint. Because he does have flattening of the humeral head, osteophytes formation, and he has lost significant motion, he would not likely benefit from arthroscopic debridement of the shoulder. The only option surgically for him would be that of a total shoulder arthroplasty. The other option would be a cortisone injection, which would give him temporary relief. He does own his own business and wants to remain active. The other option would be consideration of a total shoulder arthroplasty. He should see our joint specialist to assess if he is a good candidate for arthroplasty.

The patient underwent an initial orthopedic evaluation on July 13, 2010. On examination, he demonstrates forward elevation to 90 degrees and external rotation to 20 degrees. External and internal rotation are 5 out of 5 strength and below the elbow is 5 out of 5. Radiographs show degenerative changes. MRI shows the rotator cuff is intact. Impression is acute exacerbation of degenerative changes - right shoulder. Recommendation is for total shoulder arthroplasty. Arthroscopic debridement and injections would not likely provide sufficient benefit.

Request for right total shoulder arthroplasty with 1 day LOS was considered in review on July 29, 2010 with recommendation for non-certification. 4 pages of medical records were reviewed. Per the reviewer the patient complains of right shoulder pain per report of July 13, 2010. Ranges of motion are markedly restricted. However, there is no imaging report to verify osteoarthritis. There is no documentation of optimized conservative treatment rendered to the patient including PT, activity modification and pharmacotherapy, showing also the patient's objective clinical and functional response.

Request for reconsideration right total shoulder arthroplasty with 1 day LOS was considered in review on August 16, 2010 with recommendation for non-certification. 4 pages of medical records were reviewed. The provider informed he does not engage in peer-to-peer discussions. Per the reviewer, the patient had right shoulder pain after changing a tire. His physical examination showed limited motion but normal muscle strength. No other shoulder examinations were reported. The patient's response to pain medications was not reported. While conservative measures were reported as failed, there was not mention of the conservative measures attempted. A previous right shoulder surgery was noted without clarification of the procedures. An official reading of the diagnostic performed was not submitted to ascertain the gravity and severity of the shoulder arthritis.

Brief medical notes dated August 24, 2010 notes the patient is worsening. Surgery has been denied. His arm is going numb and his pain is getting worse. He will be referred to pain management.

The patient was provided a second orthopedic surgical opinion per report of September 17, 2010. He initially dislocated his right shoulder in 1967 when his "march buggy" struck a hidden pipe and he was ejected. A closed reduction was performed in an ER and he recuperated during the following three months and returned to his "roughneck" job. He sustained a second dislocation about two years later and a closed reduction in ER was again required. After several months of light duty he returned to regular work. Next, he felt immediate shoulder pain when removing a tire rim. Medications have provided some relief. He has been in constant pain since January. Nevertheless, he continues to work. Several physicians have recommended a total shoulder arthroplasty. He is hyperglycemic and has hypertension since April 2010. On examination, there is tenderness deep and superficial to the anterior glenoid, and tenderness to deep palpation post glenoid. There is fullness at the AC joint without tenderness. Forward flexion is to 70 degrees, side abduction to 60 degrees, external rotation is zero and internal rotation is to 45 degrees. He has full strength. He is right-hand dominant. The surgical correction of 1967 was successful and allowed him to work for the next 40 years. Currently, there is not another option, except to do a total joint replacement, which will relieve pain, improve function, and allow the patient to still work in a less strenuous function. He will be able to continue in a supervisory roll and lifting light objects.

Request was made for an IRO.

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

According to ODG: Shoulder arthroplasty is recommended for selected patients. While less common than knee or hip arthroplasty, shoulder arthroplasty is a safe and effective procedure for patients with osteoarthritis or rheumatoid arthritis.

The first line reviewer had limited medical information (4 pages), apparently only the report of July 13, 2010 was available.

Lacking an imaging report and documentation of conservative treatment, the request was not certified.

The second line reviewer also had limited medical information available (4 pages) and denial rationale noted limited motion with normal muscle strength and no other shoulder examinations reported as well as no mention of the conservative measures attempted.

The subsequently submitted MRI report note, advanced osteoarthritis. The findings state, there is advanced osteoarthritis involving the glenohumeral joint. Large marginal osteophytes are noted along the humeral head. There is some remodeling of the glenoid process and complete loss of articular cartilage. Multiple subcortical degenerative geodes are noted within the humeral head as well as the glenoid process. The labrum is extremely truncated in appearance consistent with multi-positional labral tears. The patient has been working at his job for over 40 years and continued to work despite his shoulder pain. He was taken off work several months ago. He has attempted medications including, hydrocodone and Celebrex. Initial orthopedic consultation provided assessment of right shoulder partial thickness rotator cuff tear with significant post-traumatic degenerative arthritis of the glenohumeral joint. Total arthroplasty was recommended because he does have flattening of the humeral head, osteophytes formation, and he has lost significant motion and would not likely benefit from arthroscopic debridement of the shoulder. Injections would provide only temporary relief with no long-term benefit. PT would also not be useful considering the amount of degenerative changes noted on imaging. A second orthopedic provider provided impression of acute exacerbation of degenerative changes - right shoulder and made recommendation for total shoulder arthroplasty as arthroscopic debridement and injections would not likely provide sufficient benefit. More recently an outside second orthopedic surgical opinion was provided and noted the patient's history of traumatic dislocations and surgical reduction x two, attempt of medication use and light duty. Recommendation was also made for total joint replacement as the only viable solution for this patient.

ODG supports total shoulder arthroplasty as a safe and effective procedure for patients with osteoarthritis or rheumatoid arthritis. The patient has advanced osteoarthritis per imaging and would be a candidate for the recommended surgery. The surgery is major and the inpatient LOS is also reasonable.

Therefore, recommendation is to disagree with previous non-certification for right total shoulder arthroplasty with 1 day LOS.

The IRO's decision is consistent with the following guidelines:

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

The Official Disability Guidelines (07-28-2010) Shoulder Chapter: Arthroplasty:

Recommended for selected patients. While less common than knee or hip arthroplasty, shoulder arthroplasty is a safe and effective procedure for patients with osteoarthritis or rheumatoid arthritis.

Caution is advised in worker's compensation patients since outcomes tend to be worse in these patients. In a review of 994 shoulder arthroplasties compared with 15,414 hip arthroplasties and 34,471 knee arthroplasties performed for osteoarthritis, patients who had shoulder arthroplasties had, on average, a lower complication rate, a shorter length of stay, and fewer total charges.

The most common indication for total shoulder arthroplasty is osteoarthritis, but for hemiarthroplasty it is acute fracture. There was a high rate of satisfactory or excellent results after total shoulder arthroplasty for osteoarthritis, but hemiarthroplasty offered less satisfactory results, most likely related to the use of this procedure for trauma. At a minimum of two years of follow-up, total shoulder arthroplasty provided better functional outcome than hemiarthroplasty for patients with osteoarthritis of the shoulder.