

## Notice of Independent Review Decision

### **DATE OF REVIEW:**

08/31/2010

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Left shoulder arthroscopy with lysis of adhesions.

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

Board Certified Orthopaedic Surgeon

### **REVIEW OUTCOME**

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

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.

**The requested procedure (left shoulder arthroscopy with lysis of adhesions) is not medically necessary.**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION referral forms
- 07/20/10 to 08/23/10 Telefax Cover Sheets with notes from Law Firm
- 08/18/10, 07/20/10 letters from, Law Firm
- 08/16/10 MCMC Referral
- 08/13/10 Notice Of Assignment Of Independent Review Organization, , DWC
- 08/13/10 Notice To MCMC, LLC Of Case Assignment, , DWC
- 08/12/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 08/10/10 Request For A Review By An Independent Review Organization
- 07/27/10 report from, M.D.
- 07/27/10 denial Notice from Utilization Management
- 07/09/10, 06/17/10 Interim Exam/Evaluations, D.C.
- 07/09/10 Work Status Report, D.C., DWC
- 07/06/10 report from, M.D.
- 07/06/10 non certified Notice from Utilization Management
- 06/23/10 Follow Up note, , M.D.
- 05/31 to 06/04/10, 05/24 to 05/28/10, 05/17 to 05/21/10 Rehab Exercise Program notes, D.C.
- 05/24/10 to 06/04/10, 05/10/10 to 05/21/10 exercise flow charts
- 03/24/10, 04/28/10, 06/23/10 Follow Up notes, , M.D.

- 03/04/10 to 04/01/10 SOAP notes, , D.C.
- 02/03/10, 03/03/10 Follow Up notes, , M.D. and, M.D.
- 01/22/10 Operative Report, , M.D., Medical Center
- 12/24/09 Report of Medical Evaluation, , D.C., DWC
- 12/16/09 report from, M.D.
- 12/09/09 New Patient visit, , M.D.
- 11/06/09 office note, , M.D.
- 10/27/09 Electro-Diagnostic Study, , D.C.
- 09/17/09 MRI left shoulder, MRI
- 09/17/09 MRI cervical spine, MRI
- 06/26/09 History and Physical, , M.D.
- Undated List of physicians who provided care to claimant
- Note: Carrier did not supply ODG Guidelines.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a female who was reported to have sustained a work-related injury on xx/xx/xx. The mechanism of injury was a slip and fall from the third rung of a ladder. There is no information regarding the initial treatment. The first medical was dated 11/06/2009. It was an evaluation performed by M.D. His diagnosis was a muscular strain to the neck and shoulder. He recommended continuing treatment with D.C. and follow-up with him. Cervical MRI performed on 09/15/2009 was essentially normal. Left shoulder MRI on 09/17/2009 reportedly showed a small full thickness rotator cuff tear. Electrodiagnostic studies were only significant for median nerve changes. The injured individual was subsequently evaluated by M.D. on 12/09/2009 who recommended surgery to include shoulder arthroscopy and possible rotator cuff repair though the injured individual had excellent range of motion. Left shoulder arthroscopy was performed on 01/22/2010 by Dr.. It included an open subacromial acromioplasty, but no rotator cuff repair. The injured individual was placed in an abduction shoulder pillow for unclear reasons since no rotator cuff repair was performed. She continued to be seen by chiropractor Scott who did acupuncture, massage, and electrical stimulation. His notes are all basically the same. Of interest is that he reported her prognosis as poor beginning with the 03/04/2010 visit. There is an exercise protocol in the reviewed material by no evidence of a therapist's hands on manual stretching program. The injured individual was seen by M.D. or Dr. in postoperative follow-up. The evaluations documented a progressive decrease in motion and a complaint of numbness/tingling in her left arm radiating into her left hand. There was no evidence of active physical therapy in the material reviewed. Dr. noted on 06/23/2010 abduction of 45 degrees, forward flexion of 50 degrees, and external rotation of 10 degrees. He recommended at that time the requested procedure.

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

The injured individual is a female who was reported to have sustained an injury to her left shoulder in a slip and fall from the third rung of a ladder. The initial treatment immediately after the injury is absent from the record. Reported physical findings later were most consistent with a shoulder strain/sprain. She eventually underwent a left shoulder arthroscopy followed by an open subacromial decompression without a rotator cuff repair. The injured individual was immobilized for unclear

reasons and there is no evidence of a trial of active therapy. She underwent chiropractor-directed acupuncture, massage and electrical stimulation. Current complaints are significant for motion deficit and numbness/tingling to the left upper extremity.

There is no evidence of an adequate trial of conservative therapy as recommended by the Official Disability Guidelines. D.C. annotated the injured individual's exercise program and noted that she was progressing, but there is no evidence of hands on stretching by the therapist to regain motion. There is no evidence of injections as recommended above. In addition, the complaint of numbness and tingling has not been addressed and its relationship to the original occupational injury unclear at best.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

The Official Disability Guidelines:

Surgery for adhesive capsulitis: Under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. (Dudkiewicz, 2004) (Guler-Uysal, 2004) (Castellarin, 2004) (Berghs, 2004) Study results support the use of physical therapy and injections for patients with adhesive capsulitis. (Pajareya, 2004) (Carette, 2003) (Arslan, 2001)