

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

E-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 04/11/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Right Shoulder Arthroscopy With RCR & SAD Outpt
29806 29824 29826 29827 23420

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 10/02/10 - Clinical Note - MD
2. 10/02/10 - CT Right Scapula
3. 10/20/10 - Clinical Note –MD
4. 11/17/10 - Clinical Note - MD
5. 11/24/10 - Physical Therapy Plan of Care
6. 12/17/10 - Utilization Review
7. 12/20/10 - Clinical Note - MD
8. 01/17/11 - Clinical Note - MD
9. 01/18/11 - Surgical Orders
- 10.02/11/11 - MRI Right Shoulder
- 11.03/08/11 - Utilization Review
12. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when he fell 12-20 feet landing on his right side.

The employee was evaluated by Dr. on 10/02/10. The note stated the employee was evaluated in the emergency room on the date of injury and was found to have multiple right-sided rib fractures and a scapular fracture. The employee was seen for evaluation on right shoulder pain. Physical examination revealed diffuse swelling about the right shoulder with decreased range of motion secondary to pain. There was normal sensation. There was normal motor function of the hand and forearm. The employee was assessed with right scapular fracture not requiring surgery. The employee was recommended for symptomatic treatment. ACT of the right

scapula performed 10/02/10 demonstrated a comminuted fracture through the body of the right scapula extending from the neck. It did not involve the glenoid or the glenohumeral joint.

The employee saw Dr. on 10/20/10 with complaints of right shoulder pain. Physical examination revealed moderate tenderness to palpation of the right shoulder. Range of motion was limited. Impingement sign was negative. There was no joint instability on provocative testing. Radiographs of the right shoulder demonstrated a well-healing fracture line. The employee was assessed with right scapula fracture. The employee was recommended for physical therapy.

The employee saw Dr. on 11/17/10. Physical examination revealed moderate tenderness to palpation of the right shoulder. Range of motion was limited with pain at extremes. There was full strength of the rotator cuff. Impingement sign was positive. There was no joint instability on provocative testing. The employee was assessed with impingement syndrome of the right shoulder. The employee was recommended for radiographs of the right shoulder and surgical intervention.

The request for right shoulder arthroscopy with RCR and SAD outpatient was denied by utilization review on 12/17/10 due to lack of independent radiographic interpretation that showed evidence of a rotator cuff tear. Also, there was no history of prior injections to the shoulder.

The employee saw Dr. on 12/20/10. Physical examination revealed moderate tenderness to palpation of the right shoulder. Range of motion was limited with pain at extremes. Impingement sign was positive. There was no joint instability on provocative testing. The employee was given a steroid injection to the right shoulder.

The employee saw Dr. on 01/17/11. The employee reported no benefit from the prior injection. Physical examination revealed moderate tenderness to palpation of the right shoulder. There was limited range of motion with pain at the extremes. There was full strength of the rotator cuff. Impingement sign was positive. The employee was assessed with impingement syndrome of the right shoulder. The employee was recommended for surgical intervention.

An MRI of the right shoulder performed 02/11/11 demonstrated a full-thickness partial width tear of the supraspinatus tendon with evidence of tendinopathy and partial thickness tears in the remaining portions of the posterior aspect of the supraspinatus tendon. There was tendinopathy and possibly some partial thickness tears of the infraspinatus tendon. There was tendinopathy and partial thickness tears with likely some small full thickness partial width tears of the subscapular tendon. There were degenerative changes including hypertrophic degenerative change at the acromioclavicular joint with undersurface spurring noted. There was a healing scapular fracture.

The request for right shoulder arthroscopy with RCR and SAD outpt was denied by utilization review on 03/08/11 due to lack of objective findings and imaging findings to warrant the surgery.

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

The request for right shoulder arthroscopy with RCR and SAD outpatient is not recommended as medically necessary. The employee does have evidence of partial thickness rotator cuff tears and degenerative findings in the right shoulder. The employee demonstrated positive impingement signs on examination. There is a physical therapy plan of care; however, it is

unclear to what extent the employee has undergone physical therapy. As the clinical documentation provided for review does not meet guideline recommendations for the request, medically necessity is not established.

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

1. Official Disability Guidelines, Online Version, Shoulder Chapter

ODG Indications for Surgery -- Rotator cuff repair:

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)

ODG Indications for Surgery -- Acromioplasty:

Criteria for anterior acromioplasty with diagnosis of 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. 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 impingement.