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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ORIF with Bone Graft MUA, Arthroscopy, Lysis of Adhesions, CPT 23485 (Revision of Collar Bone), CPT 29826 (Shoulder Arthroscopy)

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

MD, Board Certified Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines Treatment in Workers' Comp, 16th Edition, 2011 Updates
Radiographic report cervical spine without contrast dated 04/08/10
Radiographic report left shoulder without contrast dated 04/08/10
Operative report left shoulder arthroscopy with glenohumeral debridement; left shoulder subacromial decompression of the undersurface debridement of the os acromiale with acromioclavicular ligament release; left shoulder all-arthroscopic rotator cuff repair; and left shoulder biceps tenotomy dated 07/13/10
PT orders dated 09/01/10
Designated doctor evaluation dated 01/21/11
Radiographic report left shoulder 2 views dated 01/31/11
Initial medical report D.C. dated 03/01/11
CT scan of the left shoulder without contrast dated 03/31/11
Orthopedic consult notes M.D. dated 04/12/11-07/21/11
Manual muscle testing dated 04/12/11
Utilization review for left shoulder arthrogram with post MRI left shoulder dated 05/11/11
Left shoulder MR arthrogram dated 05/17/11
Operative report fluoroscopically guided contrast enhanced left glenohumeral joint injection using the anterior approach dated 05/17/11
Utilization review for request ORIF with bone graft MUA, arthroscopy, lysis of adhesions, CPT 23485 revision of collar bone, CPT 29826 shoulder arthroscopy, 7/6/11
Utilization review reconsideration for appeal request ORIF with bone graft MUA, arthroscopy, lysis of adhesions, CPT 23485 revision of collar bone, CPT 29826 shoulder arthroscopy dated 07/14/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female whose date of injury is xx/xx/xx. The records indicate she was pulling a large roll of fabric when she had pain in the left shoulder and neck. Initial x-ray of the shoulder after the injury revealed no fracture. MRI scan subsequently was taken that showed a full thickness tear of the rotator cuff. After failing to improve with conservative care, the injured employee underwent left shoulder arthroscopy with rotator cuff repair performed 07/13/10. The injured employee continued to have problems with the shoulder. X-rays performed 01/31/11 revealed evidence of previous surgery involving the humeral head. There was a healed but displaced fracture of the distal clavicle. CT scan of the left shoulder dated 03/30/11 reported non-union of the fracture in the lateral aspect of the clavicle. It was noted that while there was some healing process at this level a slight calcific callus formation, the fracture really does not show any evidence of solid union.

The injured employee was seen for orthopedic consult on 04/12/11. Examination of the left shoulder reported severe tenderness over the anterolateral aspect with limited range of motion with abduction to approximately 55 degrees. There was limited internal and external rotation. There was a positive impingement sign. There was no instability noted. There was positive Speed's test and positive drop arm test. The injured employee was referred for MR arthrogram of the left shoulder, which was performed on 05/17/11. This study reported suggestion of non-union of the distal clavicular fracture. The injured employee was seen in orthopedic follow up to review results of MR arthrogram. The injured employee reported constant left shoulder pain rated 8/10. On examination of the left shoulder the injured employee continued to have severe tenderness over the anterolateral aspect. There was tenderness over the distal clavicular area. There was limited range of motion with abduction to approximately 55 degrees and limited internal and external rotation. Impingement sign was positive. There was no instability. Examination of the cervical spine reported tenderness in the posterior cervical region with decreased range of motion in all directions and positive axial compression test. Spurling's sign was positive reproducing symptoms in the left shoulder. Motor strength remained weakened in the entire left upper extremity. There was decreased sensation in the left hand globally. Reflexes in the biceps and triceps were diminished. Brachial radialis reflex was 1+ on the left. The injured employee was recommended to undergo open reduction internal fixation of the left clavicle with bone grafting, manipulation under anesthesia with arthroscopy and lysis of adhesions.

A utilization review determination dated 07/06/11 noted the claimant has ongoing pain, which has in all likelihood severely compromised the rehabilitation of shoulder. However, the records provided do not actually contain range of motion measurements to satisfy ODG guidelines. Adverse determination was recommended.

A utilization review determination dated 07/14/11 noted this was a complex case, but the proposed open reduction internal fixation with bone grafting of the clavicle for nonunion, manipulation under anesthesia, and arthroscopic lysis of adhesions was not medically indicated and appropriate. It was noted that CT scan of the left shoulder on 03/31/11 demonstrated nonunion of the lateral aspect of the clavicle. There was no documentation of abnormality of the coracoclavicular interval. In addition there was documentation of capsulitis or decreased range of motion. The medical records do not document specifically where the clavicle fracture was, but it appears by CT scan that it is the lateral third, lateral to coracoclavicular ligament complex as nonunion, which can be common occurrence. It was noted that in this combination of diagnoses, typically excision of the distal clavicle and addressing of any intraarticular shoulder pathology is the recommended treatment as opposed to open reduction internal fixation as there is strong pull going across the clavicle. It was further noted that it is difficult to appropriately affix this with orthopedic hardware, and if the coracoclavicular ligaments are intact it is not necessary to do this procedure.

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

The records indicate the claimant has a non-union that is most likely affecting the distal clavicle. Prior reviewers have noted that this in all probability could be adequately treated with distal clavicle excision versus ORIF. The clavicle defect must be addressed prior to performance of MUA. In the absence of more detailed clinical information or insight from the

treating provider the request cannot be established as medically necessary. The reviewer finds no medical necessity at this time for ORIF with Bone Graft MUA, Arthroscopy, Lysis of Adhesions, CPT 23485 (Revision of Collar Bone), CPT 29826 (Shoulder Arthroscopy). Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld at this time.

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

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)