



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 8/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OUTPATIENT RIGHT SHOULDER MANIPULATION UNDER ANESTHESIA (MUA) WITH CORTICOSTEROID INJECTION RIGHT SHOULDER

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

**M.D. Board Certified in Orthopedic Surgery/ Fellowship Training
Spine 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)



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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	7/22/2011
Notice of Utilization Review Findings	7/08/2011-7/18/2011
Orthopedics Facsimile Transmittal Surgery Reservation Sheet Reconsideration	7/01/2011 7/08/2011
M.D. Package of ~ 100 pages via certified US Mail Orthopedic Reports	7/26/2011 11/04/2010-6/28/2011
Diagnostics, LLC MMT and ROM Testing Reports	6/28/2011
Medical Evaluations EMG report	12/07/2010
Imaging Radiology Reports	9/02/2010-11/30/2010
Hospital Operative Report	4/20/2011
M.D. Clinical Note	2/21/2011
M.D. Clinical Note	12/17/2010
Pain Management Initial Consultation Notes	10/12/2010
Pain and Injury Clinic Initial Exam/ Preauthorization request	8/24/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

female fell down a flight of 7 stairs on xx/xx/xx with resultant injury to her right shoulder. MRI showed a rotator cuff tear. She underwent arthroscopic rotator cuff repair and labral repair on 04/20/2011. She was noted to have severe tenderness over the anterolateral aspect of her right shoulder with limited range of motion on her postoperative follow up examinations (04/28/2011, 5/26/2011, and 6/28/2011) and was diagnosed with adhesive capsulitis. A request for outpatient right shoulder manipulation under anesthesia (MUA) with corticosteroid injection right shoulder was made six weeks postoperatively to address the decreased range of motion. She is now almost 4 months into her adhesive capsulitis.

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

Outpatient right shoulder manipulation under anesthesia (MUA) with corticosteroid injection right shoulder are not medically necessary. The MUA is not certified based on ODG and given the corticosteroid Injection right shoulder was requested in conjunction with the MUA it is not certified.

Rationale: Under study as an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), manipulation under anesthesia may be considered. There is some support for manipulation under anesthesia in adhesive capsulitis, based on consistent positive results from multiple studies, although these studies are not high quality. (Colorado, 1998) (Kivimaki, 2001) (Hamdan, 2003) Manipulation under anesthesia (MUA) for frozen shoulder may be an effective way of shortening the course of this apparently self-limiting disease and should be considered when conservative treatment has failed. MUA may be recommended as an option in primary frozen shoulder to restore early range of movement and to improve early function in this often protracted and frustrating condition. (Andersen, 1998) (Dodenhoff, 2000) (Cohen, 2000) (Othman, 2002)

(Castellarin, 2004) Even though manipulation under anesthesia is effective in terms of joint mobilization, the method can cause iatrogenic intra-articular damage. (Loew, 2005) When performed by chiropractors, manipulation under anesthesia may not be allowed under a state's Medical Practice Act, since the regulations typically do not authorize a chiropractor to administer anesthesia and prohibit the use of any drug or medicine in the practice of chiropractic. (Sams, 2005) This case series concluded that MUA combined with early physical therapy alleviates pain and facilitates recovery of function in patients with frozen shoulder syndrome. (Ng, 2009) This study concluded that manipulation under anesthesia is a very simple and noninvasive procedure for shortening the course of frozen shoulder, an apparently self-limiting disease, and can improve shoulder function and symptoms within a short period of time, but there was less improvement in post-surgery frozen shoulders. (Wang, 2007) See also the [Low Back Chapter](#), where MUA is not recommended in the absence of vertebral fracture or dislocation.

In this case, there is very little evidence of postoperative physical therapy being utilized as a first line of intervention. By most standards of clinical practice, surgical management is considered only after at least 3-6 months of a well-prescribed physical therapy exercise program. Given the favorable prognosis for patients with adhesive capsulitis, surgical intervention should probably be reserved for those patients whose condition does not respond to maximal conservative modalities implemented over a sufficient period of time.

References: Official Disability Guidelines.



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**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 KNOWLEDGBASE
- 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: