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DATE OF REVIEW: 08/08/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute:
29822 – SHOULDER ARTHROSCOPY/SURGERY
29826 – SHOULDER ARTHROSCOPY/SURGERY
23120 – PARTIAL REMOVAL COLLAR BONE
23412 – REPAIR ROTATOR CUFF, CHRONIC

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

Texas Board Certified Orthopedic Surgeon
Texas Board Certified Orthopedic Sports Medicine

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. MRI of the right shoulder dated 03/16/11
2. Clinical notes dated 04/20/11 and 06/08/11
3. Radiographs of the right shoulder dated 04/20/11
4. Cover sheet and working documents.
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

An MRI of the right shoulder dated 03/16/11 revealed findings of magnetic susceptibility artifact, the distal aspect of the supraspinatus tendon was intact, isolated atrophy and fatty replacement of the teres minor muscle.

The employee was seen on 04/20/11 for evaluation of the right shoulder. The employee was noted to have been injured while undergoing some training in which he felt there was a dislocation with spontaneous reduction. The employee had complaints of instability when reaching out or reaching behind him. The note reported the employee had not been treated with injections, medications or physical therapy. Physical examination of the right shoulder revealed tenderness to palpation along the anterior glenohumeral joint line, positive Hawkin's and Neer's sign, 120 degrees of elevation, 4+/5 strength and positive apprehension sign. The employee was recommended for conservative care to include anti-inflammatories and physical therapy.

Radiograph of the right shoulder dated 04/20/11 revealed evidence of a Grade 2 right AC separation with no fracture.

The employee was seen on 06/08/11 with complaints of 4/10 right shoulder pain. The employee was recommended for medications.

A prior review dated 06/17/11 by Dr. reported the request was denied secondary to a lack of conservative care.

A prior review on 06/23/11 by Dr. reported the request was denied secondary to a lack of physical examination and conservative care findings.

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

The request for right shoulder arthroscopy surgery is not medically necessary at this time. The MRI studies submitted for review indicate the employee had metallic artifact and atrophy of the teres minor muscle. The employee was recommended for conservative care on 04/20/11. However, subsequent follow-up notes did not document the employee's response to the proposed conservative therapy. There was no indication that the employee has participated in physical therapy to date. There is also a lack of a current comprehensive physical examination with findings to support the request. Therefore, the requested surgery is not medically necessary at this time.

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

Official Disability Guidelines, Shoulder Chapter
Diagnostic arthroscopy
Recommended as indicated below. Criteria for diagnostic arthroscopy (shoulder arthroscopy for diagnostic purposes): Most orthopedic surgeons can generally determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Shoulder arthroscopy should

be performed in the outpatient setting. If a rotator cuff tear is shown to be present following a diagnostic arthroscopy, follow the guidelines for either a full or partial thickness rotator cuff tear.