

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: August 21, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

1 Right Shoulder Video Arthroscopy with Subacromial Decompression and Distal Clavicle Resection between 7/8/2011 and 9/6/2011.

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

This physician is a Board Certified Orthopedic Surgeon with 40 years of experience.

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

3/23/11: M.D. evaluated the claimant. Impression: Shoulder pain and Traumatic injury to rotator cuff.

3/31/11: MRI of the Right Shoulder. Impression: There is mild acromioclavicular hypertrophy, with prominent bone marrow edema on both sides of the joint, suggesting joint inflammation/arthritis.

4/6/11: M.D. re-evaluated the claimant. Impression: Shoulder pain.

4/8/11: PT note.

4/20/11: M.D. re-evaluated the claimant. Impression: Shoulder pain.

5/19/11: M.D. re-evaluated the claimant. Impression: Shoulder pain.

6/13/11: D.O. evaluated the claimant. Impression: Right shoulder AC joint osteoarthritis. Right shoulder type II-III acromion.

7/28/11: M.D. re-evaluated the claimant. Impression: Shoulder pain. Claimant has completed 12 sessions of PT and has not had much improvement in ROM or pain.

6/27/11: M.D. performed an UR on the claimant. Rationale for Denial: Lack of medical documentation of conservative treatment.

7/15/11: M.D. performed an UR on the claimant. Rationale for Denial: No documentation was submitted regarding the claimant's previous involvement with conservative treatments, to include PT for a minimum of 3 months.

PATIENT CLINICAL HISTORY:

The claimant is a male with right shoulder pain.

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

The previous decisions are overturned. The claimant meets all the ODG Criteria for the requested surgical intervention. The claimant has received over 5 months of conservative care. Medical documentation notes the claimant has pain in his right shoulder with motion and pain in his right shoulder with sleeping. On physical examinations the claimant has positive impingement signs, tenderness, and weakness in abduction. Lastly the claimant has findings of impingement on the Right Shoulder MRI performed on 3/31/11. Based on the above mentioned the previous decisions are overturned.

Per ODG:

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.

[\(Washington, 2002\)](#)

ODG Indications for Surgery™ -- Partial claviclectomy:

Criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint:

1. Conservative Care: At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS

2. Subjective Clinical Findings: Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS

3. Objective Clinical Findings: Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS

4. Imaging Clinical Findings: Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation.

**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 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)