

SENT VIA EMAIL OR FAX ON
Dec/14/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Shoulder Manipulation Under Anesthesia

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

OD Guidelines
Utilization review determination 11/11/11
Reconsideration / appeal of adverse determination 11/28/11
Utilization review / provider request form 11/08/11
General orthopedic clinic notes Dr. 09/21/11 and 11/07/11
Physical therapy referral
MRI lumbar spine 07/14/11
X-rays left shoulder 09/19/11
X-rays right shoulder 09/19/11
MRI left shoulder 07/14/11
Operative report right shoulder excision of distal clavicle, acromioplasty and rotator cuff debridement 04/28/11
MRI arthrogram right shoulder 03/22/11
Office notes Dr. 04/11/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured while working on on xx/xx/xx. Records indicate he was holding a pipe when he was released and was pulled by both arms drastically in a downward fashion. Imaging studies revealed full thickness rotator cuff tear involving infra and supraspinatus tendons, muscular atrophy with tendon retraction. The claimant underwent right shoulder surgery on 04/28/11. Per office note dated 09/21/11 the claimant reported they were unable to do rotator cuff repair due to magnitude of rotator cuff tear on right shoulder. He has been doing physical therapy but has continued pain and decreased range of motion on right. He also has pain in left shoulder which has become more significant over last several months. Physical examination of right shoulder reported limitation to 90 degrees of abduction and elevation, significant stiffness with pain. There is tenderness to palpation over the superior aspect of shoulder. There is pain with cross body adduction. Hawkins and Neer are positive. Drop arm test is positive. The claimant is neurovascularly intact. Examination of left upper extremity reported tenderness to palpation on superolateral shoulder over AC joint. There is positive adduction cross body test. There is positive Hawkins, positive Neer. Abduction is to about 80 degrees and elevation to 90 degrees. Drop arm test is positive. The claimant is neurovascularly intact distally. MRI of left shoulder is noted to show full thickness tear of supraspinatus tendon at humeral attachment approximately 5x4 cm. The claimant was noted to have undergone therapy before without improvement and was recommended to undergo manipulation under anesthesia. The claimant was seen in follow-up on 11/07/11. Examination at this time reported right shoulder active range of motion is limited to 45 degrees of flexion and 45 degrees of abduction. Passively, he can get to 90 degrees of abduction and 90 degrees of flexion before stiffness is encountered with significant pain. There is tenderness to palpation over the superior aspect of the shoulder. There is positive Hoffman's sign and positive drop arm test. Left upper extremity revealed active flexion and abduction to 45 degrees, passively up to 90 degrees. He has positive drop arm test. Pain is elicited after 90 degrees of abduction and flexion. There is some pain over the acromion and AC joint. The claimant is noted to have massive rotator cuff tears bilaterally and adhesive capsulitis bilaterally. He has not gotten any better with physical therapy and manipulation under anesthesia is recommended.

A preauthorization request for outpatient right shoulder manipulation under anesthesia was reviewed on 11/11/11 and the reviewer recommended non-certification. It was noted the claimant was injured when he was holding onto pipe, and upon releasing the pipe was pulled down resulting in injury to his back and right shoulder. He was diagnosed with large rotator cuff tear and underwent right shoulder arthroscopy on 04/28/11. Notes indicate that rotator cuff tear was too large and unable to be fixed. MRI of the right shoulder prior to surgical procedure on 03/22/11 documented full thickness rotator cuff tear involving infraspinatus and supraspinatus tendons with muscular atrophy and tendon retraction. Postoperative physical therapy was ordered after right shoulder arthroscopy with excision of distal clavicle acromioplasty and rotator cuff debridement. The claimant attended 24 postoperative sessions of physical therapy, but detailed physical therapy notes were not included in the record for review. A brief summary of physical therapy progress documented forward flexion was 158 degrees, prior reading on unknown date was 70 degrees, abduction was 134 degrees, and prior to that was 73 degrees. External rotation was 74 degrees and prior to that was 0 degrees. The treating provider indicates there has been therapy to both shoulders, but there are no therapy notes to document this. Physical examination findings on 09/21/11 documented objective physical examination findings of the right shoulder to be 90 abduction and elevation. It was not specified whether this is active or passive. Neurovascular status is grossly intact. There is pain with cross body abduction testing and positive impingement and drop arm test. Evaluation of the left shoulder revealed tenderness to palpation in AC joint region, positive cross body abduction test and Hawkins test along with positive drop arm test. Abduction was to 80 degrees and elevation was reportedly 90 degrees, and again it was uncertain if this was active or passive range of motion. Treatment recommendations were to begin physical therapy, and if no improvement consider manipulation under anesthesia. The reviewer spoke with, office manager in requesting provider's office, but she was unable to

give reasoning behind why the physician would like to do manipulation in lieu of rotator cuff tear, and why this would be beneficial. Anita reported the claimant has never had physical therapy even after surgery, but could not give reason as to why the claimant has not been sent to physical therapy. Additionally, it is unclear whether or not the measurements of the shoulder range of motion were active or passive. Both active and passive range of motion needs to be documented. The reviewer noted that conservative treatment needs to be consistent over 3-6 month period of time, and progress needs to be documented with physical therapy. Noting the lack of documentation of physical therapy, lack of defining range of motion of shoulder whether active or passive, and any progress of physical therapy in the past, the request could not be certified.

An appeal request for right shoulder manipulation under anesthesia was reviewed on 11/28/11 and the request was recommended for non-certification. The reviewer noted the claimant was diagnosed with massive rotator cuff tear of bilateral shoulders and adhesive capsulitis bilaterally. The claimant has been treated with physical therapy and medications. Dr. has recommended right shoulder manipulation under anesthesia, left shoulder manipulation under anesthesia, and flex it interferential electrical stimulation unit for right shoulder. The reviewer noted the records do not support diagnosis of adhesive capsulitis. The claimant underwent a previous right shoulder surgery in which rotator cuff was irreparable. The claimant is unable to elevate the shoulder because of the patient has irreparable rotator cuff tear. The records do not indicate the claimant has significant motion limitations in the shoulder in terms of rotation. The claimant, therefore, does not clearly have diagnosis of adhesive capsulitis which would warrant manipulation under anesthesia.

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

The proposed right shoulder manipulation under anesthesia is supported as medically necessary by the records provided for review. The claimant is noted to have sustained massive rotator cuff tear. He underwent surgical intervention on 04/28/11, but it was determined rotator cuff could not be repaired. The claimant reportedly participated in postoperative physical therapy, but no daily progress notes were submitted for review. Reference was made to summary of physical therapy progress from 05/24/11. The most recent evaluation reported right shoulder active range of motion limited to 45 degrees of flexion and abduction, with passive range of motion to 90 degrees of abduction and flexion before stiffness is encountered with significant pain, indicative of adhesive capsulitis versus unrepairable rotator cuff tear. As such, manipulation under anesthesia of the right shoulder is indicated as medically necessary, and the previous denials should be overturned.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES