

SENT VIA EMAIL OR FAX ON
Nov/28/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left Shoulder Scope with SAD, DCR, Possible RCR, Possible Biceps Tenodesis

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
Request for IRO dated 11/09/11
Utilization review determination dated 10/14/11
Utilization review determination dated 10/26/11
Clinical records Dr. dated 09/20/11, 09/30/11, and 11/04/11
MRI of left shoulder dated 09/22/11
Clinical records Dr. dated 08/31/11
Peer review Dr. dated 11/02/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. It is reported on date of injury he and coworker were lifting several 80-100 lb burner tips. He had no pain during the act but subsequently developed left shoulder pain later in the evening aggravated by overhead motion. He subsequently sought care at Clinic. He is reported to have history of previous shoulder surgery to bilateral shoulders approximately 20 years ago.

His initial evaluation resulted in diagnosis of bilateral shoulder impingement. He was subsequently referred to Dr.. On physical examination he is noted to have tenderness at acromion, crepitus, positive Neer, Hawkins, and cross body test. External rotation is reduced. Active range of motion is 140 degrees in flexion and abduction, 70 degrees in internal rotation and 90 degrees in external rotation. He is noted to have pain with range of motion extremes. He was referred for MRI of the left shoulder which was performed on 09/22/11. This study notes a small focal partial thickness tear of distal supraspinatus without full thickness rotator cuff tears identified. There is rotator cuff tendinopathy with additional partial thickness tear of subscapularis and minimal medial subluxation of biceps longhead tendon consistent with early bony lesion. There is severe biceps longhead tendinopathy and tenosynovitis with interosseous ganglion cyst of lesser tuberosity. There is AC arthrosis and type II acromion. There is mild glenohumeral osteoarthritis. The claimant was subsequently seen in follow-up by Dr. on 09/30/11. He is noted to have left shoulder pain without radiation. There are no noted relieving factors. He reports feeling of instability, night pain, stiffness, and weakness. His physical examination is unchanged. The claimant is subsequently reported to have failed conservative treatment including cortisone injection.

The record contains peer review report dated 08/22/11 in which the reviewer opines the findings on MRI are consistent with claimant's medical history and do not necessarily represent acute injury.

The initial request was reviewed by Dr.. Dr. non-certified the request noting there is no indication as to whether or not the claimant has painful arc of motion or not. There is no indication he has impingement sign, no indication of weakness on abduction. He notes guidelines indicate rotator cuff surgery can be performed for patients with positive imaging and notes the claimant must also demonstrate positive findings on physical examination which include painful arc of motion, weakness with abduction testing, and notes there is no documentation regarding whether this is full thickness or partial thickness rotator cuff tear.

The subsequent appeal request was reviewed by Dr. on 10/26/11. Dr. notes the previous adverse determination. He notes there is lack of objective findings to include documentation of painful arc of motion. He notes there is no documentation of conservative treatment. He notes there is insufficient documentation regarding conservative treatment to date and subsequently upholds the previous denial.

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

The request for left shoulder scope with subacromial decompression, DCR, possible RCR, possible biceps tenodesis is not wholly supported by the submitted clinical information, and the previous utilization review determinations are upheld. The record indicates the claimant had insidious onset of left shoulder pain later in the evening of the date of injury. He subsequently was seen at Clinic. There is no indication he received any formalized physical therapy. He was provided an exercise program and returned to work full duty. The claimant was subsequently seen by Dr. . There is no indication the claimant was referred for formalized physical therapy or received intraarticular injections. The claimant's physical examination is consistent with findings of impingement; however, he has no documented painful arc of motion. Records indicate the claimant has pain with extremes of range of motion, and therefore, there is no documentation of painful arc. In absence of medical records establishing the failure of all conservative treatment, the request cannot be certified as medically necessary, and therefore, the previous utilization review determinations are upheld.

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