

MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 24, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right shoulder arthroscopy, subacromial decompression, distal clavicle resection (29826, 29824).

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Radiology note (07/07/10)
- PT Note (08/10/10, 18/18/10)
- Office Notes (08/16/10 – 11/04/10)

TDI

- IRO request
- Utilization Reviews (11/16/10, 12/10/10)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who sustained an injury to his right shoulder due to repetitive type of work on xx/xx/xx. She flipped the chairs from the top of the table at the restaurant and experienced pain in her shoulder.

Initially, the patient was seen at and was prescribed naproxen and acetaminophen. Medications did not help. X-rays of the right shoulder were essentially unremarkable.

The patient attended one session of physical therapy (PT) but it was too painful and she discontinued it. After therapy session, the patient experienced pain radiating down her upper arm and into her forearm. She was discharged from PT with instructions on a home exercise program (HEP).

M.D., performed orthopedic consultation for persistent shoulder pain. Right shoulder examination revealed mild tenderness over the proximal biceps tendon, pain with active Jobe test and decreased strength to 5-/5. Shoulder range of motion (ROM) was abduction 90 degrees, internal rotation 80, external rotation 100 and forward flexion to 15- degrees bilaterally. PIR was to the lower thoracic region. There was mild tenderness to palpation over the left acromioclavicular (AC) joint and mildly positive Hawk's sign. On x-rays of the right shoulder, Dr. noted type II acromion, otherwise unremarkable findings. He assessed right shoulder pain, subacromial impingement syndrome and type II acromion. He prescribed Motrin, administered a cortisone injection to the subacromial space and recommended PT to begin strengthening exercises.

On November 4, 2010, Dr. noted the subacromial injection gave about 30-40% pain relief, but the patient still had pain in her shoulder and certain activities like sweeping or vacuuming increased her pain. The patient denied taking any prescription medications at this time. Dr. noted tenderness over the AC joint and injected the AC joint for residual pain. This injection relieved her pain for about a month. However, her symptoms returned and she complained of pain radiating down her whole arm. There was persistent tenderness over the right AC joint, mild tenderness over the proximal biceps tendon and mild pain with active Jobe test. In view of failed conservative treatment, Dr. recommended right shoulder arthroscopy with subacromial decompression and distal clavicle resection.

On November 16, 2010, per utilization review, the initial request for the right shoulder scope, subacromial decompression and distal clavicle resection (29826, 29824) was denied with the following rationale: *"As per the medical report, the patient is complaining of right shoulder pain radiating down to her whole arm. On physical examination, there is tenderness over the AC joint and proximal biceps tendon. Speed's test is negative. Other orthopedic tests regarding assessments for the range of motion were not indicated. X-rays of the right shoulder was normal. An MRI report was not submitted for review. The patient was given pain medications, steroid injections, and underwent physical therapy. Objective documentation of failure of optimal conservative measures is needed in the medical report before proceeding to a radical procedure such as surgery. This can be assessed in terms of VAS scale for pain control, reduction in medication use and performance of activities of daily living. Hence, the medical necessity of right shoulder scope, subacromial decompression, distal clavicle resection is not established at this time. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for surgery is not certified."*

On December 10, 2010, per utilization review, an appeal for right shoulder scope, subacromial decompression and distal clavicle resection (29826, 29824) was denied with the following rationale: *"As per the medical records, the patient complains of pain. On physical examination, there is tenderness over the acromioclavicular joint with mild tenderness over the proximal biceps tendon. The x-rays of the right shoulder showed normal result. Based on the guidelines, surgery can be considered if there is failure of conservative management like physical therapy, medication and activity modification. The clinical records indicated that the patient has been treated conservatively with cortisone injection and physical therapy. However, there was no evidence provided that the patient had stretching or strengthening exercises or had maximized the effect of oral*

medications. There were no PT progress notes attached indicating non-improvement. Likewise, the pain medications given were not included for review. Furthermore, the clinical information did not provide objective documentation of the patient's clinical and functional response from the mentioned subacromial cortisone injection that includes sustained pain relief, increased performance in the activities of daily living and reduction in medication use. The maximum potential of the conservative treatment done was not fully exhausted to indicate a surgical procedure. The necessity of the request was not established."

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

The evidence-based Official Disability Guidelines recommend that individuals can be considered candidates for subacromial decompression for impingement when they have failed three to six months of conservative care, have subjective complaints such as pain with painful range of motion, objective findings on examination such as weakness and/or tenderness over the rotator cuff and/or positive impingement signs and imaging study findings such as type 2 acromion and/or MRI that reveal evidence of impingement.

The records in this particular case identify the individual as having had a date of injury of xx/xx/xx. The records clearly document evidence of conservative care in the form of injections, activity modification, and physical therapy. They document objective findings on examination including tenderness on examination and a positive Hawkins sign. Radiographs show evidence of a type 2 acromion and failure of a subacromial injection, which offered moderate improvement as well as an acromioclavicular joint injection, which offered more significant improvement for a month.

The records would make a reasonable case for the proposed surgery. The claimant has failed conservative care in the form of physical therapy, activity modification, medical management. She has radiographic findings of a type 2 acromion which has a higher statistical risk of impingement, has positive findings on exam, and has failed injections which have at the very least been diagnostic to the extent that they have offered pain relief in the specific areas for a reasonable period of time. As such, the request should be considered reasonable and medically necessary in this setting.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES