



IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 01/08/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: right shoulder arthroscopic Mumford and subacromial decompression
CPT: 29824, DME; Sling Shot L3670

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

Texas Board Certified Orthopedic Surgeon

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. The records reviewed are, 07/24/09
2. MR arthrogram of the right shoulder 12/29/09
3. X-ray right shoulder arthrogram, 12/29/09
4. P.A., 04/12/10 for M.D.
5. , 11/03/10
6. MRI of the right shoulder, 11/13/10
7. 11/17/10
8. Hospital, 11/17/10
9. 12/02/10
10. RN, 12/17/10
11. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The medical records indicate he was trying to close a large valve at work when he felt a pop and immediate pain in his right shoulder.

On xx/xx/xx, the employee saw Dr.. He was there for follow-up of his left knee and right shoulder. The physical examination of the left knee revealed well-healed surgical incisions, decreased range of motion to flexion and extension, and no

ligamentous instability. Examination of the right shoulder revealed tenderness to palpation over the rotator cuff area. There was limited range of motion of the shoulder to forward flexion and internal rotation. The plan was a referral to physical therapy.

On 11/09/10, there was a visit summary to. It was indicated the employee had improved slower than expected. He was to return to work as of 11/09/10 with restrictions.

The employee saw Dr. on 11/17/10 with complaints over the AC joint. The examination showed pain with active range of motion. There was significant tenderness over the AC joint and positive arm abduction test. An MRI of the right shoulder dated 11/03/10 noted Type II acromion prominent AC degenerative changes with subchondral cystic changes in the distal clavicle and acromion. The labrum was suspicious for a Type II SLAP and chronic anterior tear. There was also abnormal signal in the posterior labrum representing a chronic posterior labral tear. The impression was the employee had traumatic damage to AC joint with damage to the meniscal analog. He also had impingement syndrome. Dr. recommended arthroscopic Mumford and subacromial decompression.

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

Based on the clinical information that was provided for this file, there is no evidence that the claimant has had any conservative care for this date of injury including recommended physical therapy for 3-6 months. In addition, the interpretation of the more recent MRI by the radiologist states that the reactive edema and scar tissue formation are little changed from a previous study from one year prior. The chronic changes that have been reflected in the prior MRI and arthrogram are still present on the new MRI.

This request is not approved based on ODG recommendations related to the medical information provided. Therefore, the request is not deemed as medically necessary.

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

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.