

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jun/24/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right shoulder arthroscopy with distal clavicle excision

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

M.D. Board Certified Orthopedic Surgeon

**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**

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates:  
Shoulder

Peer Review 05/19/11, 06/01/11

Dr. OV 03/29/11, 04/13/11, 05/11/11

MRI right shoulder 02/14/11

Surgery orders undated

MD Rx 01/25/11, 04/13/11

Physical Therapy Rx 04/13/11

General Consent to Treatment 03/29/11

Medical History Form 03/29/11

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male claimant who reported a gradual onset of right shoulder pain on xx/xx/xx. An orthopedic physician record dated 03/29/11 noted the claimant with right shoulder pain, acromioclavicular (AC) joint tenders, swelling and crepitus. A positive adduction test was noted on examination. MRI of the right shoulder dated 02/14/11 showed moderate concentric hypertrophy about the acromioclavicular joint without associated rotator cuff impingement or tear, slight subacromial bursitis and minimal right glenohumeral joint effusion. Conservative treatments included medication, AC joint injection with provided temporary relief, work modifications and recommendations for physical therapy. A right shoulder arthroscopy with distal clavicle excision was recommended.

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

In this case, there would appear to have been some physical therapy visits and anti-inflammatory medications provided. An acromioclavicular injection provided temporary pain relief. The MRI revealed some hypertrophy at the acromioclavicular joint but no impingement and no specific evidence of injury. The Official Disability Guidelines certainly speak to diagnostic arthroscopy. This claimant now has five months of symptoms despite

conservative care, and guidelines would be satisfied for diagnostic arthroscopy. However, the distal clavicle resection guidelines would not be satisfied given that are not posttraumatic changes of the acromioclavicular joint and given that the degenerative changes do not appear to be severe. Given the failure of the available records to satisfy the guidelines for medical necessity of a distal clavicle excision, the request, in total, cannot be considered medically necessary based on those guidelines. The reviewer finds no medical necessity at this time for Right shoulder arthroscopy with distal clavicle excision.

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

ACOEM-AMERICA 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)