



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 02/24/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Manipulation of left shoulder under anesthesia

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Medical necessity has been demonstrated for manipulation of the left shoulder under anesthesia.

INFORMATION PROVIDED FOR REVIEW:

1. URA findings, 1/12/11 to 1/19/11
2. Orthopedics, office notes, 1/19/2010 to 1/6/2011
3. Hospital, surgical notes, 11/8/2010
4. PT Consultants, PT notes, 11/22/10 to 12/23/10
5. Hospital, surgical notes, 1/20/10
6. Imaging, MRI, Left Shoulder, 10/6/2010

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female sustained a shoulder injury on xx/xx/xx. She underwent rotator cuff repair and other surgical procedures on 11/08/10. Physical therapy has been provided

postoperatively. There is persistent decreased range of motion of the left shoulder. Abduction is to 62 degrees. Diagnosis of adhesive capsulitis is proposed, and manipulation under anesthesia is requested.

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

ODG Guidelines endorse manipulation under anesthesia if it is three to six months post-operative, and if there is less than 90 degrees abduction of the shoulder. The findings in this individual fit the ODG criteria. It is reasonable and necessary to perform manipulation under anesthesia.

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

(Check any of the following that were used in the course of your review.)

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)