



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

Notice of Independent Review Decision

DATE OF REVIEW: 4/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Coracoclavicular Ligament Reconstruction Weaver-Dunn

Procedure Outpt 23550

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

Board Certified Orthopedic Surgeon/Fellowship Trained Spine 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

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	4/01/2011
Services	3/10/2011
Notification of Adverse Determination	3/29/2011
Orthopedic Institute	
D.O.	
Pre-certification Authorization	3/07/2011
Appeal	3/11/2011
Physicians	
Office Visit Reports	2/22/2011-3/09/2011
Physical Performance Evaluation	12/13/2010

Operative Report	09/23/2010
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PATIENT CLINICAL HISTORY [SUMMARY]:

Injured worker was pinned between a large pipe and his truck and sustained a closed clavicle fracture on xx/xx/xx. Four weeks later, he underwent ORIF (09/23/2010) by Dr.. Despite this, the injured worker continued to complain of left shoulder pain and therefore was referred to an Orthopedic upper extremity specialist Dr.. In addition, Dr. postoperative clinical notes of 02/21/11 identify a Grade III shoulder separation which appears to be the first mention of a shoulder separation above and beyond the clavicular fracture. Injured worker saw Dr. on 3/1/11 and was assessed to have a Grade V shoulder separation contributing to the injured workers shoulder pain. Dr. is recommending soft tissue reconstruction of the torn AC ligaments.

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

Based on the information that was provided, the peer recommendation does not support surgical intervention. There is a discrepancy in the degree of separation (Grade III by Dr and Grade V by Dr.). In addition, there is no radiographic report to support either diagnosis. While there is support in the literature (1-3) for operative intervention of a Grade V separation, there is simply insufficient data to corroborate this diagnosis.

References:

1. Sports Medicine and Arthroscopy Review; December 2006- Volume 14- Issue 4- pp 237-245
2. Acromioclavicular and Sternoclavicular Injuries and Clavicular, Glenoid, and Scapular Fractures; JBJS 2009; 91:2492-2510.
3. *ODG Integrated Treatment/Disability Duration Guidelines* Shoulder Chapter (Acute & Chronic)

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN



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- 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)**