

SENT VIA EMAIL OR FAX ON  
May/02/2011

## P-IRO Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/29/2011

**IRO CASE #:**

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

Outpatient Right Shoulder Arthroscopy SAD poss DCR plus RCR

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

Board Certified Orthopedic Surgery

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who has a date of injury of xx/xx/xx. On this date she is reported to have sustained an injury to the right shoulder. The submitted clinical records indicate the claimant has a history of left shoulder pain and is status post a left shoulder rotator cuff repair. The record does not contain any operative reports regarding this surgery. The first available clinic note is dated 02/23/10 at which time the claimant presents for reevaluation of left shoulder. She is reported to have recurrent pain and popping. Physical examination indicates she has good motion of left shoulder but weakness with drop test and recurrent signs of weakness to rotator cuff and impingement. It is recommended the claimant undergo MRI of the left shoulder. The claimant was seen in follow-up on 03/30/10. MRI was reviewed and shows a previous repair with no rotator cuff tear. It was opined she was probably getting some recurrent tendinosis, possible slight inflammation. She had a pretty significant rotator cuff tear and repair. She has been using over the counter medications without relief. She is recommended to undergo a short course of therapy. She was recommended to get a YMCA membership and provided instructions on strengthening exercises of shoulder. She was provided prescription for Motrin 800 mg. She is to be seen in follow-up.

On 07/09/10 it was reported the pain in her left shoulder has improved significantly.

On 10/15/10 the claimant was seen by Dr. regarding her right shoulder. It is reported she was lifting something at work when she felt discomfort and popping in her shoulder. On physical examination she has pain with range of motion with active and passive forward elevation and weakness of rotator cuff. She has pain with resistance to rotator cuff. She has no instability. There is some popping with range of motion. Bilateral upper extremities are neurologically intact. Radiographs of the right shoulder showed no abnormalities. She was recommended to undergo MRI of right shoulder to rule out rotator cuff tear. This study notes no significant joint effusion, mild subacromial subdeltoid bursitis. There is mild insertional supraspinatus tendinosis at insertion. There is no focal or full thickness rotator cuff tear. The subscapularis and infraspinatus insert normally. The biceps longhead tendon is normal in position and signal. There is minimal anterior subacromial spur. The acromioclavicular joint is unremarkable. There is

no evidence of any labral injury.

The claimant was subsequently seen in follow-up by Dr. on 11/05/10. At this time she received cortisone injection into the right shoulder. She was referred for physical therapy. She is noted to have not made any significant improvement with conservative treatment. She is reported to have tried 6 weeks of therapy. Dr. recommended 6 weeks more; however, this was not approved. On examination dated 02/18/11 the right shoulder shows the claimant with active and passive elevation weakness of rotator cuff. She has a positive drop arm test, tenderness over the anterior acromion. She is subsequently recommended to undergo arthroscopic evaluation of the shoulder and subacromial decompression with possible distal clavicle resection, partial decompression, and rotator cuff repair.

The initial request was reviewed by Dr. on 03/02/11. Dr. reports the request for right shoulder arthroscopy with subacromial decompression and possible distal rotator cuff repair was not certified. He reports the claimant has undergone physical therapy with no reported benefits. He reports there is no documentation regarding medication management. He notes the injured employee does not demonstrate weak or absent abduction. There is no atrophy present on examination. There is no impingement signs reported on the most recent physical examination. There is an addendum to the report in which peer to peer consultation was made. Dr. reported to the reviewer that the injured employee had undergone steroid injections which provided 4-6 weeks relief. He reports the claimant had utilized NSAIDs with no significant improvements. He reported no additional information was provided regarding objective findings that would support the request.

The claimant was seen in follow-up by Dr. on 03/02/11. Dr. reports he provided substantial information to Dr. and opines Dr. addendum report is inaccurate.

A second request was reviewed on 03/21/11 by Dr. Dr. notes that the claimant has complaints of right shoulder pain on the right especially with range of motion. On physical examination there is tenderness over the anterior acromion, positive drop arm test. She is reported to have undergone a trial of injections without improvement. He discusses MRI of the shoulder. He notes that part of the criteria for surgery is an imaging study which confirms findings of impingement or deficit in rotator cuff. He reports the MRI dated 10/29/10 showed neither. He further notes that additional workup to rule out other sources of pain. He subsequently opines the request was not certified.

The claimant was seen in follow-up by Dr. on 04/08/11. It is reported the claimant's employer called the insurance company wanting to know why they wouldn't treat this patient. Dr. notes he was recommended to get MRI with contrast of shoulder. He notes she has already undergone MRI which shows tendinitis and bursitis which were being treated conservatively but she is failing conservative treatment. He notes there is no indication for MRI with contrast in this situation, and MR arthrogram may be helpful for delineating intraarticular abnormality. Dr. notes the patient is alert, oriented, and cooperative. She is in no acute distress. Her affect is appropriate. She has pain with active and passive forward elevation with loss of motion.

The record contains physical therapy notes which indicate that at initial evaluation the claimant had 122 degrees flexion, 80 degrees abduction, 75 degrees external rotation, 60 degrees of internal rotation, 35 degrees of extension and 21 degrees abduction. On reassessment the claimant is noted to have only mild improvements in extension and abduction. She is noted to have significant loss in flexion, abduction, internal and external rotation. She continues to have positive Hawkins, Neer, and O'Brien's test.

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

Based on the clinical information provided, the request for outpatient right shoulder arthroscopy, subacromial decompression, possible distal clavicle resection, and rotator cuff repair is medically necessary. The submitted clinical records indicate the claimant sustained an injury to the right shoulder on xx/xx/xx. She has undergone extensive conservative treatment which included oral medications, physical therapy, and corticosteroid injections with no improvement. It is noted there are minimal findings on MRI; however, the objective data contained in the records indicate the claimant continues to have positive findings of impingement with loss of range of motion despite extensive conservative treatment. As such, the previous determinations are overturned and the request for surgery is deemed to be medically necessary.

#### **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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES