

SENT VIA EMAIL OR FAX ON
May/19/2011

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Shoulder Weaver-Dunn procedure with semitendinosus allograft

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

M.D., 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

OD Guidelines

1. Preauthorization request 11/03/11
2. Orthopedic evaluation and follow-up notes M.D. 11/12/10-03/02/11
3. Office notes PA 10/11/10-03/21/11
4. Physical therapy evaluation and progress notes 11/05/10-12/06/10
5. MRI right shoulder 10/21/10
6. Preauthorization reconsideration request 04/08/11
7. Request for reconsideration letter M.D. 04/28/11
8. Utilization review determination 03/08/11 regarding non-certification Left shoulder Weaver-Dunn procedure with semitendinosus allograft
9. Utilization review determination 03/08/11 regarding non-certification reconsideration / appeal request Left shoulder Weaver-Dunn procedure with semitendinosus allograft

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the injured employee was working on bridge / overpass when he slipped and fell. The injured employee was wearing a safety harness which broke his fall, but in the process, his left shoulder was dislocated during impact at the bridge and from forceful pull on safety harness. MRI of the right shoulder dated 10/21/10 reported grade II or III acromioclavicular joint separation; supraspinatus tendinopathy; no rotator cuff tear. The injured employee was seen in consultation by Dr. on 11/12/10. Records indicate the injured employee fell at work and grabbed a rope to try to prevent his fall. The injured employee said his shoulder felt like it came out of place at that time and he had large mass on superior aspect of his shoulder. He went to Medical Center where his shoulder was reportedly reduced after injection. He still had mass on top of shoulder which was tender to touch. Physical examination revealed a

well nourished man in no obvious distress. Examination of the left shoulder showed an obvious mass on superior mass of shoulder consistent with type III AC separation. He is moderately tender to palpation in this area. There are no other skin lesions present. He has full range of motion. He has pain at extremes. He has pain with provocative maneuvers mainly located over AC joint. There is no evidence of scapular winging or muscular atrophy. The injured employee was recommended to undergo a Weaver-Dunn type procedure in order to get clavicle reduced.

A utilization review determination on 03/08/11 found that left shoulder Weaver-Dunn procedure with semitendinosus allograft was non-certified as medically necessary. Clinical summary noted the injured employee sustained injury on xx/xx/xx. MRI revealed grade II or III acromioclavicular joint separation along with supraspinatus tendinopathy and no rotator cuff tear. The injured employee complained of left shoulder pain. He was noted to be using pharmacological interventions to alleviate pain. On examination there was tenderness to palpation over the clavicle, acromioclavicular joint and over the AC joint. Sensation was intact to light touch as well as pain. Reflexes were within normal limits. Limitations were noted with shoulder flexion and abduction. Passive range of motion with flexion and abduction was also limited. Clinic note dated 11/12/10 details the injured employee is continuing to complain of ongoing left shoulder pain. Large mass was noted at superior portion of shoulder which continues to be tender to touch according to the injured employee. The injured employee stated full overhead activities exacerbate pain. There was moderate tenderness to palpation over affected region. The injured employee was noted to have full range of motion in affected area; however, pain was noted at extremes at each range. There was normal sensation in median, radial, and ulnar nerve distributions. Clinic note dated 03/02/11 detailed the injured employee continued to complain of left shoulder pain secondary to type III AC separation which remained symptomatic. The review noted there was no documentation submitted regarding the injured employee conservative treatment for minimum of 3 months to include physical therapy and pharmacological interventions. The injured employee's functional deficits did not warrant going outside guideline recommendations.

A reconsideration / appeal request was determined to be non-certified as medically necessary per review performed 03/23/11. The review noted that imaging findings including 10/21/10 right shoulder MRI identified grade II or III acromioclavicular joint separation. Conservative treatment included physical therapy of unspecified duration, making his complaints worse; however, there is discrepancy regarding the laterality of the request with the visit notes clearly identifying AC joint separation of the left shoulder, but 10/21/10 MRI clearly identifies findings consistent with right shoulder AC joint separation. Accordingly, medical necessity has not been established.

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

The request for left shoulder Weaver-Dunn procedure with semitendinosus allograft cannot be certified as medically necessary at this time. The injured employee is noted to have sustained an injury secondary to fall at work on xx/xx/xx resulting in dislocation of left shoulder. The injured employee reports that the left shoulder was reduced after injection at Medical Center; however, no notes from this treatment were provided. Records indicate the injured employee was treated conservatively with course of physical therapy which worsened his symptoms. MRI was performed on 10/21/10, but the radiology report indicates the study was of the right shoulder. MRI noted grade II or III acromioclavicular joint separation with supraspinatus tendinopathy but no rotator cuff tear. As noted on previous review, there is discrepancy in laterality with the clinic notes indicating left shoulder complaints and findings versus imaging study reporting right shoulder pathology. While the injured employee may require surgical intervention, this discrepancy needs to be resolved prior to further consideration of surgery. Based on the clinical information provided, medical necessity is not established.

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)