

# US Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/19/2011

**IRO CASE #:**

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

Op Rt Shldr EUA, Scope w/deb, Sad, mumford RCR 23120 29822 29826 23412 29807

**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

#### PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who injured the right side of his body while standing on a platform on xx/xx/xx . The initial diagnosis was not indicated. An MRI of the right shoulder on 12/22/08 revealed mild thickening, irregularity and signal abnormality involving the supraspinatus, anterior fibers of the infraspinatus, distal fibers of the subscapularis and biceps tendon consistent with tendinopathy. There was no evidence of tendon tears. There was a paralabral cyst associated with irregularities of the superior labrum consistent with a superior labral tear. There was also focal synovitis of the rotator interval. On 05/26/09 the claimant underwent an anterior cervical fusion at C6-7. Reportedly he developed seizures postoperatively. He treated postoperatively with therapy. Reportedly requests for shoulder surgery were denied.

He continued treating for neck and shoulder pain with Dr. through 10/08/10. The 10/08/10 examination showed the claimant to complain bitterly of pain with almost any movement of the right shoulder. With percussion and assistance he allowed his arm to be elevated to a level even with the shoulder. He would not allow any overhead movement without severe pain. There was a concern about a frozen shoulder. He could not place his hand behind his back, touch the back of his head or touch the opposite shoulder. He recommended clearance for surgery with a neurosurgeon before considering intervention on the shoulder as well as home exercises.

Dr. was doubtful that much of his pain was attributable to a torn labrum. X-rays of the right shoulder 10/08/10 showed the C6-7 anterior cervical fusion and degenerative changes. An MRI of the cervical spine showed the prior C6-7 fusion, mild degenerative changes and degenerative disc disease.

There were no disc protrusions, canal stenosis or other signal abnormalities. Dr. saw the claimant on 01/07/11 for pain radiating down the shoulder blade and up his neck. The examination showed decreased cervical motion, diffuse tenderness of the right shoulder to include muscle spasm of the paraspinous and periscapular musculature and trapezial region. ATE equaled PTE at only 75 degrees, abduction was to 45 degrees and internal rotation was only to the greater trochanteric region with minimal extension. He had a lot of scapulothoracic compensation and atrophy about the right shoulder girdle musculature.

Right shoulder x-rays that day showed moderate degenerative arthropathy in the acromioclavicular (AC) joint. Dr. indicated that x-rays showed severe degeneration of the AC joint with ossification superiorly. Right shoulder pain, adhesive capsulitis and right shoulder girdle myofascial pain syndrome were diagnosed. Light duty and followup with pain

management and pre-medication prior to therapy were recommended. At the 03/07/11 followup the claimant reported right shoulder pain and stiffness, difficulty using the arm due to decreased motion and pain despite therapy and medications. The examination showed right shoulder ATE equaled PTE to only 105 degrees with minimal external rotation. Shoulder surgery was recommended, but denied on reviews dated 03/16/11 and 03/23/11.

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

In general, the MRI findings in this case are not necessarily abnormal in a shoulder. There would appear to be limited motion, highly suggestive of adhesive capsulitis. Intervention for adhesive capsulitis would essentially encompass the right shoulder evaluation under anesthesia with arthroscopy proposed. However, it is unclear that ODG guidelines are satisfied for impingement and the distal clavicle resection planned. There is no documentation of diagnostic and potentially therapeutic injections of the areas and the response to the same. There does appear to have been some chiropractic treatments, but it is unclear if formal physical therapy has been tried and failed. Absent these issues, particularly absent the diagnostic injections, guidelines would not be satisfied for the subacromial decompression and distal clavicle resection. As such, the request in total is not medically necessary. The reviewer finds that there is no medical necessity at this time for Op Rt Shldr EUA, Scope w/deb, Sad, mumford RCR 23120 29822 29826 23412 29807.

#### **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)