

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-443

Notice of Independent Review Decision

DATE OF REVIEW: 04/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left shoulder arthroscopic decompression (SAD), coraco-acromial ligament (CAL) release, and distal clavicle excision.

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. He has been in practice since 1998 and is licensed in Texas, Oklahoma, Minnesota and South Dakota.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Upon independent review, the adverse determination should be upheld.

Based on the clinical information submitted for review and utilizing *ODG* guidelines, the request for left shoulder arthroscopic decompression, coraco-acromial ligament release, and distal clavicle excision is non-certified

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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Records Received: 17 page fax 4/06/11 Texas Department of Insurance IRO request, 219 page fax received 4/09/11 URA response to disputed services including administrative and medical records. 77 page fax 4/06/11 Provider response to disputed services including administrative and medical records

- Office notes from Dr..
- Clinical review by M.D.
- Clinical review by M.D.
- Initial evaluation with physical therapy dated 09/07/10 from Thera Specialists.
- Office and clinical notes along with diagnostic tests pursuant to treatment by M.D.
- Electromyography study performed by M.D.
- Clinical notes from D.O.
- Utilization review performed by D.O.
- Clinical notes from M.D.
- Clinical notes from M.D.
- Clinical notes from M.D.

PATIENT CLINICAL HISTORY [SUMMARY]:

Mr. is a male who was injured on the job xx/xx/xx when he was driving, which struck another vehicle that pulled out in front of him. Since that time, he has had a number of ongoing complaints, including neck pain, low back pain, and left shoulder and arm pain. He has had an abbreviated course of physical therapy for the left shoulder and ultimately underwent cervical spine surgery. He reportedly continues to complain of left shoulder pain, and surgery has been requested as described above.

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

Upon independent review, the adverse determination should be upheld.

Based on the clinical information submitted for review and utilizing *ODG* guidelines, the request for left shoulder arthroscopic decompression, coraco-acromial ligament release, and distal clavicle excision is non-certified

ODG Treatments and Workers' Compensation Online Edition, Chapter Shoulder, Diagnostic Arthroscopy

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Clinical records indicate the patient has been treated conservatively with medications and steroid injections and physical therapy in addition to his cervical spine surgery. The medical records, however, are lacking in any significant description of recent progress notes that would provide objective documentation of the patient's clinical and functional response from the therapy. In addition, the therapeutic interventions directed toward the shoulder were apparently abbreviated due to the patient's cervical spine surgery. There appear to be no recent therapy notes that document further appropriate treatment to the shoulder. As such, the indicated conservative treatment has not been fully explored, and as such, the surgical intervention is not indicated at this time.

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 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)