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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCV Right upper extremity

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

Official Disability Guidelines
Request for IRO dated 10/21/11
Utilization review determination dated 09/21/11
Utilization review determination dated 10/03/11
Clinical records 11/29/04, 05/22/09, 02/24/10, 09/03/10, 02/24/10, 07/25/10, 05/14/11, 09/23/11
Operative report dated 02/01/05
Designated doctor evaluation dated 09/30/05
Operative report dated 04/02/07
Clinical records dated 03/13/08
Clinic note dated 10/05/11
MRI right shoulder dated 09/20/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who developed right shoulder pain after lifting on xx/xx/xx. He has a history of right shoulder surgery performed in 1998. He was taken to surgery on 02/21/05 with diagnosis of right shoulder impingement, subacromial bursitis, and rotator cuff tendinitis. He subsequently underwent glenohumeral arthroscopy with limited debridement, subacromial decompression, resection of subacromial bursa, resection of coracoacromial ligament and acromioplasty, open distal clavicle excision. There is a designated doctor report from 07/20/05 that placed the claimant at clinical maximum medical improvement. The claimant later came under care of and underwent second cervical procedure on 04/02/07 that consisted of right shoulder arthroscopic debridement, revision subacromial decompression, revision distal clavicle resection, and arthroscopic suprascapular nerve decompression and release. On 02/24/10 the claimant was seen by and is noted to have posterolateral shoulder pain. He is tender at posterolateral corner of acromion to deltoid insertion. He was identified as having trigger point and subsequently provided trigger point injection. It is noted he had complaints of intermittent numbness and tingling in both hands. He continued to have complaints of shoulder pain.

On 09/14/11 notes the claimant continues to have posterior shoulder pain that is rather diffuse but there is focal area of maximum tenderness directly under scapula spine posteriorly where he has atrophy from previous cyst excision. He is directly tender over bone. He has pain with external rotation and abduction. He recommends MRI to evaluate integrity of rotator cuff and EMG/NCV to rule out suprascapular nerve entrapment. MRI of shoulder is reported to show postoperative changes without recurrence of cyst. There is partial undersurface rotator cuff tear. Biceps anchor appears to be intact.

On 10/05/11 the claimant was seen by, The claimant is noted to have 3 previous right shoulder surgeries including decompression, partial claviclectomy. He has complaints of right shoulder dysfunction. He is permanently disabled from his injuries at work. The claimant has right shoulder biceps tenosynovitis and posterolateral trigger point.

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

The request for EMG/NCV of right upper extremity is medically necessary and previous utilization review determinations are overturned. The available clinical record indicates the claimant initially sustained an injury to his shoulder and subsequently underwent 3 surgical interventions. The operative report dated 04/02/07 indicates the claimant underwent arthroscopic subscapular nerve decompression and release. The claimant subsequently has developed recurrent posterior shoulder pain. He has undergone appropriate diagnostic evaluation with MRI and there is no obvious finding on MRI that would account for posterior shoulder pain. The claimant has undergone extensive period of conservative treatment and trigger point injections. His provider believes he may have recurrent entrapment of subscapular nerve, which requires evaluation for potential treatment planning.

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)