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Notice of Independent Review Decision

DATE OF REVIEW: 10/24/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Appeal - Right shoulder EUA, scope w/debridement, SAD Mumford RCR

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

Texas Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Medical records reviewed:
2. Clinical records of Dr. dated 09/20/10, 01/07/11, 03/04/11, 06/01/11, 09/07/11
3. Physical therapy evaluation dated 02/02/11
4. Nerve conduction EMG study dated 02/21/11
5. Physical therapy note dated 04/06/11
6. Clinical note Dr. dated 08/09/11
7. Utilization review determination dated 09/21/11
8. Utilization review determination dated 09/27/11
9. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who is reported to have sustained an injury to his right upper extremity on xx/xx/xx. It is reported that a machine caught and twisted his right arm.

On 09/20/10, the employee was referred for radiographs of the right shoulder, which were reported as unremarkable.

On 07/01/11, the employee was seen by Dr.. It was reported that this injury was complicated by ulnar nerve injury for which he is being treated by Dr.

On 07/01/11, the employee was seen by Dr.. It was reported that this injury was complicated by ulnar nerve injury for which he is being treated by Dr.. On previous visit dated 09/20/10, the employee reported that his therapy sessions had improved pain and function of the right shoulder and he did not wish to proceed with any additional treatment. However, with the onset of the cold months, he has developed recurrent right shoulder pain. On physical examination he is 5'11" tall and weighs 195 pounds. He has tenderness to palpation over the AC joint and exquisite tenderness to palpation of the subacromial bursa. Active elevation is to 120. Active assisted elevation is to 160. Active abduction is to 80. Assisted abduction is to 90 with significant pain. He has 4/5 strength and pain with Speed test and drop-arm test. He has a positive Neer's and positive Hawkins impingement sign. He subsequently was recommended to undergo a corticosteroid injection into the subacromial bursa and he is to be referred for physical therapy. The records indicate that the employee was referred for EMG/NCV study on 02/21/11. This study demonstrates a mild-to-moderate right ulnar neuropathy at the elbow with no denervation of the right ulnarly innervated muscles.

On 03/04/11 the employee was seen in follow-up by Dr. and it was reported that the corticosteroid injection helped significantly with his pain. He still has limitations of movement with the right shoulder, but he is much more functional. He tried to get physical therapy; however, this was not approved. He is doing exercises at home. It is reported that he may be pending a surgical procedure to his right ulnar nerve injury. The employee does not want to proceed with any surgical intervention at this point. He will follow-up with Dr. concerning the ulnar palsy and he will be seen in follow-up in 3-4 months.

The employee was seen in follow-up by Dr. on 06/01/11. It is reported that the request for surgery for ulnar nerve transposition was not approved in time, and he has to go back to Dr. to get that done. He reports that he is trying to exercise on his own to keep his shoulder from getting stiff. Right shoulder reveals a painful arc of motion past 100 degrees. He is provided the oral medication of Flexeril. He was placed on light duty. He is to be seen in a few months, at which time he will be placed at MMI.

On 08/09/11 the employee was seen by Dr.. This note indicates the employee underwent cubital tunnel release on 06/13/11 and had progressive return of function of the ulnar nerve and now his sensation to light touch, though decreased in the small and ring fingers. He also complains of pain in the pisiform with setting the wrist on the table. He subsequently finds the employee to have a cubital tunnel syndrome, entrapment of the radial nerve, and a right flexor carpi ulnaris tenosynovitis. He notes that the employee is status post right cubital tunnel release and has FCU tendinopathy and resolving PIN compression symptoms. A diagnostic injection was performed in the FCU tendon. After 5 minutes, he had complete improvement of the tenderness at the pisiform and improved flexion of the ring and small fingers. It is noted that the employee

is diabetic and has more of a blood sugar increase due to the steroid. He is to return to clinic in two months. On 09/07/11 the employee was seen in follow-up by Dr. . She reports that the employee has had increasing pain over the past three weeks, that he has had an injection that helped relieved his symptoms, but this has worn out. He is noted to have increasing pain and limited range of motion due to pain. He has continued home therapy and complains of numbness in his right hand specifically in the 4th and 5th digits. He would like to pursue the surgical intervention to evaluate his right shoulder. Dr. subsequently recommends oral. On physical examination AATE is 150 degrees of painful arc, past 150 degrees of the positive impingement sign. He is tender to palpation over the ACJ. He has a 4+/5 drop-arm test. Painful Speed's test. Limited painful internal and external range of motion. Numbness in the 4th and 5th digits of the right hand. Weak flexion at the PIP and DIP. On 09/21/11, the initial request was reviewed by Dr. Dr. non-certified the request. He notes that the employee has positive findings on physical examination. He opines that there is no documentation provided with regard to the failure of the employee to respond to conservative measures. He notes that documentation of recent imaging studies of the right shoulder were submitted for review. He subsequently non-certifies the request.

On 09/27/11, the appeal request was reviewed by Dr.. Dr. notes that this is an appeal of the right shoulder examination under anesthesia with debridement, subacromial decompression, Mumford, and rotator cuff repair. He notes that current examination reveals a painful range of motion with positive impingement sign and tenderness over the acromioclavicular joint where there is a Speed's test. He notes there is no documentation provided with regard to failure. The employee responded to conservative measures as evident with home-based exercise program, steroid injections, and medications prior to the proposed procedure. He notes that no recent imaging studies of the right shoulder were submitted for review. The last MRI study was dated 08/06/10. Records indicate that the 08/06/10 study showed a slight thinning of the anteroinferior glenoid labrum and minimal supraspinatus impingement. Dr. subsequently non-certified the request

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

The request for right shoulder examination under anesthesia with debridement, subacromial decompression, Mumford, and rotator cuff repair is found to be medically necessary. The submitted clinical records indicate that the employee sustained an injury to his right shoulder on xx/xx/xx. The records clearly indicate that the employee was undergoing conservative treatment, which included initial physical therapy and a two-year home exercise program due to the fact that additional physical therapy was not approved under utilization reviewed. The employee has received subacromial injection and an additional corticosteroid injection with transient improvement, which would be

considered diagnostic and therapeutic of impingement syndrome. The employee underwent MMRI of the shoulder on 08/06/10, which showed slight thinning of the anteroinferior glenoid labrum with minimal supraspinatus impingement. The employee's physical examination is consistent with his imaging studies. He has failed extensive conservative treatment consisting of oral medications, physical therapy, corticosteroid injections, and a protracted home exercise program. The employee continues to have functional limitations as a result. Therefore, based upon the submitted clinical data, the request is opined to be medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

Official Disability Guidelines