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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right shoulder arthroscopy with extensive Debridement, acromioplasty and distal clavicle resection

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 10/06/11
Request for IRO dated 10/07/11
Legal correspondence dated 10/06/11
Utilization review determination dated 08/11/11
Utilization review determination dated 08/30/11
MRI of the right shoulder dated 01/21/11
Functional capacity evaluation DC, dated 04/21/11
Clinical records Dr. dated 03/10/11, 03/31/11, 04/11/11, 05/16/11, 06/13/11, 06/23/11
Clinical records Dr. dated 07/14/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries to his shoulder on xx/xx/xx. He is reported to have initially sustained this injury as a result of lifting. The claimant underwent MRI of the right shoulder on 01/21/11. This study notes mild-to-moderate degenerative changes at the AC joint with mild edema of the right joint with very minor fluid in the AC joint. There is minimal edema of the subarticular marrow. This suggests the presence of some local trauma. The bicipital tendon is intact. There is moderate abnormal signal intensity in the tendinous portion of the supraspinatus rotator cuff suggesting a tendinitis or tendinosis. There is no definite gap in the fibers of the rotator cuff that would show a full thickness tear. A partial thickness tear cannot be excluded. There is no muscle atrophy. There is minimal fluid in the humeral joint space. The glenoid labrum is intact. The record contains a functional capacity chiropractic treatment note, which indicates that the claimant's current PDL is light and he required working at a medium-heavy level. On 03/10/11, the claimant was seen by Dr. It is reported on the date of injury he was picking up a 20-pound pylon and felt a pop and a crack in his right shoulder. He has severe tenderness of the right shoulder. He was initially evaluated at Fort Hood, and after they found it was a

workman's comp injury they stopped seeing him for this. He is noted to have a severe sprain of the shoulder. He was referred for physical therapy and he was provided oral medications. He was given light-duty restrictions. Serial examinations indicate that the claimant has diffuse tenderness throughout the shoulder. He participated in physical therapy. He later participated in a work hardening program. He is noted to have continued pain and discomfort in the right shoulder with limited range of motion.

On 07/14/11, the claimant was seen by Dr. He is reported to have failed extensive conservative management including physical therapy, medications, activity and/or conditioning program. Pain is reported to be 10/10. On physical examination, he is noted to have significant limited active and passive range of motion of the right shoulder. He guards his shoulder significantly. Dr. he does not feel that the passive range of motion measurements are correct due to patient guarding. Neer and Hawkins impingement maneuvers cause severe pain, and the claimant appears to demonstrate significant pain behaviors and symptom magnification. He demonstrates significant tenderness diffusely when palpating the trapezius muscle body of the supraspinatus lateral and anterior acromion and distal deltoid. Drop-arm test is difficult to assess due to patient discomfort. He has diffuse tenderness when palpating the AC joint. He is diagnosed with right shoulder pain and chronic pain syndrome.

The initial review is performed by, Dr. on 08/11/11. Dr. performed a peer-to-peer with PA. He notes that a review of the medical records does not reflect that the claimant is a good surgical candidate. He notes that Dr. mentions symptom magnification in his medical notes. It is also noted that the claimant refused subacromial injections to help affirm the diagnosis. The appeal request was performed by, Dr. on 08/30/11. He notes that the claimant appeared to demonstrate significant pain behaviors and symptom magnification, and that the claimant has diffuse tenderness when palpating the trapezius muscle body and the supraspinatus. He notes that the assessment is right shoulder pain with what appears to be a subacromial bursitis and supraspinatus tendinitis. He notes that the treating physician feels the claimant has some psychological overlay that is most likely exacerbating the symptoms. He notes that the claimant did not want a subacromial corticosteroid injection and wanted to proceed with arthroscopic evaluation. He notes that there is no radiographic evidence of outlet impingement, and notes the reported symptom magnification and pain behaviors and psychological overlay would tend to make this claimant a high risk for postoperative poor results with respect to exacerbated pain decreased compliance with therapy decreased motivation.

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

The claimant sustained an injury to the shoulder as a result of lifting. He has participated in both physical therapy and a work hardening program without significant improvement. The records do not indicate that the claimant has received any intraarticular corticosteroid injections. While the record notes that the claimant has declined the performance of these procedures, these procedures are pertinent as conservative management for the claimant's condition. It would further be noted that per Dr. note, there appears to be a notable psychological overlay, which would make the claimant a poor surgical candidate and clearly results in a potential for a poor surgical outcome. For these reasons, this request for right shoulder arthroscopy with extensive debridement acromioplasty and distal clavicle resection is not supported as medically necessary.

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)