

Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0533
Fax: (207) 470-1075
Email: manager@becketystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

29823 Right Shoulder Arthroscopy, and 29826 Right Shoulder Arthroscopic Subacromial Decompression, and 29824 Right Shoulder Arthroscopic Distal Clavicle Excision and 23700 Right Shoulder Arthroscopic Manipulation Under Anesthesia

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

M.D., Board Certified Orthopaedic 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
Utilization review 07/28/11
Utilization review reconsideration/appeal 08/11/11
Orthopedic consultation/evaluation and follow up Dr. 07/12/11 and 08/09/11
Designated doctor evaluation Dr. 05/18/11
MRI right shoulder 04/22/10
MRI cervical spine 04/22/10
Required medical examination Dr. 03/10/11
EMG/NCV report 10/04/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. On that date he was when someone pulled into his path. He braked to avoid impact and the trailer jack knifed him around and struck his vehicle on the driver side. The patient was noted to have sustained injuries to the neck and right shoulder. MRI of the right shoulder performed 04/22/10 revealed degradation of image quality secondary to patient motion. There was no acute fracture or dislocation. Very small degenerative changes were seen deep to the insertion of the infraspinatus and subscapularis tendons. Regional bone marrow signal is otherwise normal. There was small to moderate glenohumeral joint effusion, with no fluid in the subacromion and subdeltoid bursa. The AC joint has moderate degenerative changes with no marginal impingement on the rotator cuff. The lateral acromion causes no marginal impingement on the rotator cuff. A very small signal alteration is noted at the anterior supraspinatus insertion compatible with a small partial tear or mild tendinitis of the anterior subscapularis tendon insertion. The long head of the biceps tendon appears unremarkable. The glenoid labrum is overtly intact. No degenerative or arthritic changes within the glenohumeral joint were noted. MRI of the cervical spine on 04/22/10 revealed 1mm central disc protrusion at C2-3 with slight effacement of the CSF anterior to the cord. There were nerve root and cord compression

was not present. There was no central stenosis or foraminal stenosis. At C3-4 there was a 1.5mm central disc protrusion with effacement of the CSF anterior to the cord, nerve root and cord compression is not present. There is no central stenosis or foraminal stenosis. At C4-5 there is a 2mm central disc protrusion with moderate to severe total effacement of the CSF anterior to the cord, with nerve root and cord compression not present. There is no central stenosis or foraminal stenosis.

At C3-4 and C4-5 there is exaggeration of disc protrusion with extension. At C5-6 there is a 3-4mm central subligamentous disc herniation with total effacement of the CSF anterior to the cord with slight central impression on the cord. Nerve root and cord compression is not present. There is no central stenosis or foraminal stenosis. At C6-7 there is a 2-3mm central disc protrusion with moderate severe effacement of the CSF anterior to the cord with nerve root and cord compression not present. Records indicate the patient has attempted conservative care including range of motion exercises, anti-inflammatories without relief. The patient is recommended to undergo arthroscopic examination of the right shoulder with indicated procedures. There was no central stenosis or foraminal stenosis. Patient was seen for orthopedic evaluation and consultation by Dr. on 07/12/11. Physical examination revealed range of motion of the neck with positive Spurling's sign, with extension and lateral bending to the right. There was restricted motion of the neck noted. Examination of the shoulder revealed positive impingement sign and positive cross arm adduction sign or test. Crepitation was noted in the subacromial space. There was tenderness over the acromioclavicular joint and the biceps tendon and the anterolateral aspect of the subacromial bursa. Range of motion was diminished with elevation to 145 degrees, external rotation 40 degrees, and internal rotation to the L5 level. Wasting of the intrinsic musculature was noted. Early clawing of the ulnar digits was also appreciated.

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

This patient sustained an injury. He reportedly has been treated with conservative treatment; however, there is no comprehensive history of nature and extent of treatment completed to date including appropriate course of physical therapy incorporating strengthening and stretching exercises, activity modification, and possible corticosteroid injections. The MRI of right shoulder revealed degenerative changes, with no clear evidence of impingement or rotator cuff tear. Noting the findings of pathology in cervical spine, it does not appear the pain generator has been clearly identified. Also, the claimant's current range of motion is reported as 145 degrees of elevation. Current evidence based guidelines indicate that there should be severe restriction of range of motion to include less than 90 degrees of abduction prior to consideration of manipulation under anesthesia. The reviewer finds there is not a medical necessity at this time for 29823 Right Shoulder Arthroscopy, and 29826 Right Shoulder Arthroscopic Subacromial Decompression, and 29824 Right Shoulder Arthroscopic Distal Clavicle Excision and 23700 Right Shoulder Arthroscopic Manipulation Under Anesthesia.

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)