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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Left Shoulder Acromioplasty With or Without Coracromial Ligament Release, Tenodesis of Long Tendon of Biceps, Labral Repair

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

Utilization review determination 08/08/11 recommending non-certification of request for left shoulder acromioplasty with or without coracoacromial ligament release, tenodesis of long tendon biceps, labral repair

Reconsideration/appeal of adverse determination 08/16/11 recommending non-certification appeal left shoulder acromioplasty with or without coracoacromial ligament release, tenodesis of long tendon biceps, labral repair

Physician progress note 06/28/11

Orthopedic reports 10/14/10 and 11/12/09

MRI left shoulder 10/29/09

Electrodiagnostic interpretation 01/20/09

Cervical spine MRI 08/12/05

Required medical examination 08/13/07

Designated doctor evaluation 08/04/09

ODG-TWC, Shoulder

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was and some product fell on him while he was facing away and knocked him to the floor of the truck landing on his upper lower back. He complained of neck pain radiating down the left arm. He reported some variable weakness and tingling in the left arm, with symptoms worsened with overhead reaching with the right shoulder as well as any posterior movements of the left arm and shoulder. He also complained of low back pain that radiates to the right leg. Patient was seen with continued neck and left shoulder pain. The left shoulder gives out when he tries to move it above his head and over in abduction or adduction. He also has involvement of C6, C7, T1 neural elements. EMG showed evidence of bilateral C6-T1 radiculopathy, more severe on the left side with maximum involvement left C6 and C7 nerve roots. MRI of the left shoulder on 10/29/09 revealed mild hyper-intensity within and anterior to the acromioclavicular joint suggesting joint injury. There was no subluxation or dislocation seen. There is mild hyper-

intensity in the rotator cuff interval, possibly mild rotator interval capsular injury. There is no evidence of tear or tendinitis of the supraspinatus, infraspinatus, subscapularis or teres minor tendons. A small tear of the anteroinferior labrum was seen. A mild joint effusion was noted. The injured employee was reported to have positive Neer's impingement syndrome. The injured employee was seen with complaints of chronic left shoulder pain. He has stiffness and soreness in the left shoulder present with any movement.

He also has pain with sleeping on his left side. Examination of the left shoulder reported positive atrophy; active abduction and flexion 90 degrees positive cross arm test, positive Speed's sign, positive impingement sign, positive tenderness to palpation bicipital groove.

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

The proposed Outpatient Left Shoulder Acromioplasty With or Without Coracromial Ligament Release, Tenodesis of Long Tendon of Biceps, Labral Repair is not supported as medically necessary by the clinical information provided for review. This man is noted to have sustained an injury on xx/xx/xx. He complained of neck, left shoulder, and back pain. The injured employee continued to complain of chronic left shoulder pain. Most recent imaging of left shoulder provided was from 10/29/09. This study showed no specific evidence of impingement. The biceps tendon and anchor were reported as intact. There was a small tear of the anteroinferior labrum, with the superior and posterior labrum unremarkable. There is no documentation of any recent conservative treatment to the left shoulder including physical therapy with stretching and strengthening exercises, or injection of the left shoulder. Given the lack of objective findings on MRI scan that is nearly two years old, with evidence of recent conservative care, surgical intervention to include Outpatient Left Shoulder Acromioplasty With or Without Coracromial Ligament Release, Tenodesis of Long Tendon of Biceps, Labral Repair is not indicated as medically necessary at this time.

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)**