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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Manipulation under anesthesia of the left shoulder / injection of the left shoulder with corticosteroid

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

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

OD Guidelines

1. Cover sheet and working documents
2. MR arthrogram left shoulder dated 04/19/11
3. Progress notes dated 05/06/11-06/23/11
4. Utilization review for manipulation under anesthesia dated 07/07/11
5. Utilization review for appeal request manipulation under anesthesia dated 07/18/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xxxx. The records indicate he injured his left shoulder. MR arthrogram revealed a partial thickness intrasubstance tear of the subscapularis tendon and tendinosis of the infraspinatus and supraspinatus tendons with minimal degenerative osteoarthritis of the acromioclavicular joint and lateral downsloping of the acromion. The injured employee is status post left shoulder arthroscopy performed 04/29/11 followed by post-operative physical therapy. The injured employee was seen in follow up on 06/23/11 and he reports that he is doing better but still experiences pain in the shoulder and still has limited range of motion. Physical examination reported tenderness over the left shoulder with decreased active and passive range of motion of the left shoulder consistent with adhesive capsulitis of the left shoulder. The injured employee is recommended to undergo manipulation under anesthesia of the left shoulder and injection of the left shoulder with corticosteroid.

A utilization review was performed on 07/07/11 and it was determined that the request for shoulder manipulation did not meet medical necessity guidelines. It was noted that Official

Disability Guidelines address manipulation under anesthesia in the treatment of adhesive capsulitis; however, it is recommended that this be performed when range of motion remained significantly restricted. The guidelines specifically reference abduction of less than 90 degrees. Physical therapy note of 06/20/11 noted abduction of 121 degrees and flexion of 145 degrees. As such guidelines were not satisfied for medical necessity regarding proposed manipulation and the request is non-certified.

A utilization review was performed on 07/18/11 and it was determined that the reconsideration request for manipulation under anesthesia of the left shoulder/injection of the left shoulder with corticosteroid did not meet medical necessity guidelines. It was noted that the injured employee has had post-operative physical therapy with benefit. Range of motion of the shoulder includes abduction approximating 120 degrees. Criteria for manipulation under anesthesia have not been met. Adverse determination was respectfully recommended.

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

The clinical information provided does not establish medical necessity for manipulation under anesthesia to the left shoulder/injection of the left shoulder with corticosteroid. The injured employee sustained an injury to the left shoulder on xx/xx/xxxx. He underwent left shoulder arthroscopic surgery on 04/29/11. The injured employee then participated in post-operative therapy which he reported seemed to be helping quite a bit. Follow up note on 06/23/11 indicated that there was still tenderness over the left shoulder with decreased active and passive range of motion of the left shoulder, but no range of motion measurements were provided. On previous reviews it was noted that physical therapy note dated 06/20/11 indicated the injured employee had attended 19 sessions of physical therapy with significant improvement in strength. Active flexion was 145 degrees and abduction 121 degrees. Per Official Disability Guidelines, manipulation under anesthesia may be an option in adhesive capsulitis in cases that are refractory to conservative therapy lasting at least three to six months where range of motion remains significantly restricted (abduction less than 90 degrees). In this case the injured employee had participated in post-operative therapy for less than two months at the time manipulation under anesthesia was requested. Moreover range of motion measurements indicated active flexion was 145 degrees and abduction 121 degrees. As such the injured employee does not meet criteria for manipulation under anesthesia. The previous reviews correctly determined the request to be non-certified as medically necessary, and should be upheld on IRO.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES