

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Rush outpatient right shoulder arthroscopy

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

MD, 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
Notification of reconsideration determination 07/11/11
Notification of adverse determination 06/20/11
Initial orthopedic consultation 12/09/10
Texas Workers' Compensation work status report 12/09/10
Orthopedic reevaluation 06/16/11
Clinical note 12/09/10
CT right lower extremity without contrast 01/06/11
MRI right foot without contrast 12/16/10
MRI right shoulder without contrast 12/16/10
Clinical note 08/01/11
Patient referral form 06/16/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xxxx. Records indicate he slipped and fell injuring his right foot. When he fell he landed on his right shoulder. The patient complains of restricted motion in right shoulder since the injury. Records indicate the injured employee underwent steroid injection of right shoulder without significant improvement. MRI of right shoulder performed on 12/16/10 revealed rotator cuff tendinopathy with partial infraspinatus and subscapularis tear; osteoarthritis of AC joint. The patient also underwent a course of physical therapy without significant improvement. After failing a course of conservative treatment, the injured employee was recommended to undergo right shoulder arthroscopy. URA denial dated 06/20/11 noted that conservative treatment is the cornerstone in initial treatment of ligamentous shoulder disorders. There was no documentation provided with regard of failure of the injured employee to respond to conservative measures such as evidence based exercise program and medications prior to proposed surgical procedure. There were no therapy progress notes objectively documenting the clinical and functional response from previous rendered sessions. It was noted the injured employee did not respond to steroid injection. URA denial dated 07/11/11

noted that a previous non-certification was due to lack of documentation of failure of the injured employee responding to conservative treatment such as evidence based exercise program and medications, objective response to previous steroid injection, and therapy progress reports that objectively document the clinical and functional response of injured employee from previously rendered sessions. This denial says that there remains no documentation of additional subjective findings including pain with active arc motion 90-130 degrees, pain at night. There were no objective additional findings including weak or absent abduction and temporary relief of pain with anesthetic injection. There was no documentation of failure of at least three to six months of conservative treatment.

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

This man sustained an injury to his right shoulder when he slipped and fell in xx/xxxx. An MRI of the right shoulder revealed rotator cuff tendinopathy with partial tearing as well as osteoarthritis of the AC joint. He was treated conservatively with therapy, but no physical therapy progress notes were provided with documentation of the number of sessions completed, modalities used, and response to treatment. He also underwent corticosteroid injection of the right shoulder, but reported no improvement. There was no documentation of painful arc of motion 90-130 degrees or night pain. There was no indication of weak or absent abduction. The proposed surgical procedure -- Rush outpatient right shoulder arthroscopy -- does not meet ODG medical necessity guidelines. The reviewer finds there is not a medical necessity at this time for Rush outpatient right shoulder arthroscopy.

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)