

SENT VIA EMAIL OR FAX ON
Sep/01/2011

Applied Assessments LLC

An Independent Review Organization
3005 South Lamar Blvd, Ste. D109 #410
Austin, TX 78704
Phone: (512) 772-1863
Fax: (512) 857-1245
Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Shoulder Injections 20610 J1040 X 2 99213-PNR

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. Request for IRO 08/15/11
2. Utilization review determination 06/20/11
3. Utilization review determination 06/30/11
4. Clinical note Dr. 02/16/10, 10/04/10 and 02/08/11
5. Radiographic report right scapula 02/16/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries to her shoulder. Records indicate that on 02/16/10 the claimant was seen by Dr. She's reported to have a history of two shoulder operations one in 1998 and one in 1999. She has chronic injections into her subacromial space and has increasing difficulty. Her shoulder is becoming stiffer. The shots are lasting less long. She is on multiple medications. On physical examination there is a well healed set of incisions around the shoulder she has significant limited range of motion at best maybe 60-70 degrees depending upon the plane that she check her shoulder is stiff and painful this is very positive impingement sign she is negative for instability. She has tenderness over the top of the shoulder in the AC joint. She's recommended to undergo MRI on examination she's opined to have a recurrent rotator cuff tear. She subsequently received an injection into the subacromial space. A radiograph was performed of the right scapula which showed spurring and degeneration around the AC joint. With no acute process identified. The claimant was subsequently seen in follow up by Dr. on 10/04/10. It's she her right shoulder continues to remain symptomatic. Range of motion is

approximately 80%. She has limited adduction and internal rotation. She has tenderness around the AC joint anterior aspect of the shoulder with positive impingement signs. She has pain reproduction with rotator cuff strength testing. She underwent a corticosteroid injection into the right shoulder and she is again recommended to have an MRI of the right shoulder.

On 02/08/11 the claimant was seen in follow up for right shoulder. She's reported to be able to function but has episodes where shoulder is quite painful. She reports occasional numbness on physical examination. She's noted to have 80-90% range of motion but is limited due to pain. She's reported to be pretty tight. She has reasonable strength in testing of the rotator cuff. She subsequently underwent a right shoulder corticosteroid injection and is again recommended to have an MRI.

On 06/20/01 the initial request was reviewed by Dr. who reports that the claimant has periodic episodes of pain. She notes the claimant's examination and that there is no objective documentation regarding the claimant's clinical and functional response to the rendered injection on 02/08/11. She further notes that there is no objective documentation that the claimant is actively participating in evidence based exercise program. As such she finds the medical necessity for the injection not determined and non-certifies the request. The appeal request was reviewed by Dr. on 06/30/11.

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

The request for right shoulder injections 20610, J1040 times two 99213-PNR is not supported by the submitted clinical information and the previous determinations are upheld. The submitted clinical records contain limited data regarding the claimant's history of treatment. She has a history of two previous operations in 1998 and 1999. There is no recent imaging studies or previous MRI submitted for review. Her physical examination shows restrictions in range of motion and impingement syndrome. She has previously received corticosteroid injections however her response to these injections is not documented. there is no indication from the available records that these injections were performed in conjunction with either a daily self directed home exercise program or active physical therapy program to restore range of motion and improve functional levels. Given the lack of supporting information the request is not certified and medical necessity was not established.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES