

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/23/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Cervical ESI at C3-C4

**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**

Official Disability Guidelines  
Cover sheet and working documents  
Utilization review determination dated 02/09/12, 02/28/12, 05/24/11, 10/15/10, 10/04/10, 09/01/10, 08/16/10  
IRO dated 11/08/10, 09/30/10  
Orthopedic report dated 01/30/12, 12/15/11, 11/10/11, 09/26/11, 08/15/11, 07/18/11, 06/14/11, 05/16/11, 09/20/10, 08/19/10, 08/05/10, 07/01/10, 11/02/04, 10/13/04, 05/10/04, 03/01/04, 02/02/04, 01/15/04, 12/18/03  
MMT/ROM testing dated 01/30/12, 11/03/11, 09/20/10, 08/19/10, 08/05/10, 07/01/10, 11/02/04  
MRI left shoulder dated 10/18/04  
MRI right shoulder dated 06/22/10  
Radiographic reports dated 07/01/10, 12/01/03  
MRI right knee dated 09/01/10  
Functional capacity evaluation dated 08/24/11, 06/21/04  
Letter dated 02/13/12, 01/04/07, 02/01/06, 10/13/04, 09/21/04  
Post designated doctor required examination dated 04/26/11  
Letter of causation dated 04/05/11  
MRI cervical spine dated 09/01/10  
Electrodiagnostic evaluation dated 11/08/04  
Peer review dated 01/24/11  
Designated doctor evaluation dated 12/16/11, 02/16/11, 06/17/04, 11/13/03  
Office visit note dated 04/01/11, 01/12/11, 10/07/11, 09/07/11, 08/10/11, 06/18/10, 07/25/11, 11/30/04, 11/12/03, 09/10/03, 09/05/03, 08/06/03, 07/16/03  
Operative report dated 06/08/11, 01/23/04

Handwritten note dated 01/06/12, 11/07/11, 06/27/11, 05/25/11, 03/25/11, 02/25/11, 01/12/11, 12/17/10, 11/19/10, 10/15/10, 09/17/10, 08/18/10, 07/19/10, 06/28/10  
Letter of clarification dated 10/01/04

#### **PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient slipped, fell to his knees and then struck his shoulder against a partially opened door. The patient's history is significant for previous work injury on xx/xx/xx, previous shoulder arthroscopy in 1998 and capsulorrhaphy repair of the left shoulder on 01/23/04. Electrodiagnostic evaluation dated 11/08/04 revealed no evidence of a cervical radiculopathy. Treatment to date includes 4-6 weeks of physical therapy, corticosteroid injection to the shoulder on 07/01/10 and 08/19/10 and medication management. MRI of the cervical spine dated 09/01/10 revealed posterior 2 mm disc protrusion/herniation presses on the thecal sac with no neural foraminal narrowing at C3-4. At C4-5, C5-6 and C6-7 there is posterior 1-2 mm disc protrusion presses on the thecal sac at each of these levels with no neural foraminal narrowing. There is no facet disease or spinal stenosis at any cervical level. The cervical spinal cord is within normal limits. Peer review dated 01/24/11 indicates that diagnosis is right shoulder contusion and right knee strain. Designated doctor evaluation dated 02/16/11 indicates that diagnosis is right shoulder pain with possible internal derangement, right knee sprain and cervical sprain. Post designated doctor's required examination dated 04/26/11 indicates that "whatever he had in the knee and the neck have healed". Extent of injury is knee strain, neck strain and contusion in the shoulder with development of an impingement syndrome. The patient underwent right shoulder arthroscopic biceps tenodesis and subacromial decompression on 06/08/11. Designated doctor evaluation dated 12/16/11 indicates that muscle strength is 5/5 throughout the bilateral upper extremities. Spurling maneuver is within normal limits. Deep tendon reflexes are 2/4 and symmetrical bilaterally. Sensation to pinprick and light touch was normal bilaterally. Diagnosis is cervical sprain, right shoulder tendinosis, status post right shoulder arthroscopy, and right knee internal derangement. The patient was determined to have reached maximum medical improvement as of 12/08/11 with 4% whole person impairment. Orthopedic report dated 01/30/12 notes on physical examination there is tenderness to palpation with decreased range of motion in all directions of the cervical spine and positive axial compression test. He had a positive Spurling sign. Motor strength was weakened in his right bicep when compared to the left, but sensation was intact.

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

Electrodiagnostic evaluation dated 11/08/04 revealed no evidence of a cervical radiculopathy. Peer review dated 01/24/11 indicates that diagnosis is right shoulder contusion and right knee strain. Designated doctor evaluation dated 02/16/11 indicates that diagnosis is right shoulder pain with possible internal derangement, right knee sprain and cervical sprain. Post designated doctor's required examination dated 04/26/11 indicates that "whatever he had in the knee and the neck have healed". Extent of injury is knee strain, neck strain and contusion in the shoulder with development of an impingement syndrome. Although Dr. reports note positive Spurling's sign and right biceps weakness, the designated doctor evaluation dated 12/16/11 notes 5/5 strength throughout the bilateral upper extremities and negative Spurling's. The patient's physical examination does not establish the presence of active cervical radiculopathy, and the cervical MRI submitted for review does not support the diagnosis. The reviewer finds medical necessity is not established for the requested Cervical ESI at C3-C4.

**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)