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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/10/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Right Shoulder Arthroscopic Shoulder capsulorrhaphy 29806

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

M.D., Board Certified General Surgery, Fellowship: Orthopedic Hand and Upper Extremity 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 and Treatment Guidelines
11/16/11 and 12/29/11
Pre-authorization review 08/23/11
Imaging request 08/17/11
Follow-up evaluation Dr. 08/11/11
MRI right shoulder 07/26/11
Clinic notes new patient visit and follow-ups Dr. 08/17/11-12/30/11
Notification of medical necessity 10/25/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx in a motor vehicle accident. He injured his right shoulder. MRI dated 07/26/11 revealed minimal insertional tendinopathy of the supraspinatus tendon. There is low lying acromion together with a small to moderate broad based spur, which impinge the supraspinatus musculotendinous junction with a small amount of fluid/bursitis in the adjacent subacromial/subdeltoid bursa. Subsequent MR arthrogram noted that glenoid labral articular disruption; insertional tendinopathy of the supraspinatus tendon without tear.

The reviewer for the URA noted that per report dated 11/09/11 the claimant complains of pain in the shoulder and neck. There is pain in the right shoulder located on the anterior, lateral aspect, which occurs predominately during daytime and awakens him from sleep. Physical examination of the shoulder showed full range of motion in all planes. Strength tests on the left side were normal. On the right supraspinatus has 4/5 motor strength, while infraspinatus has 5/5 strength. Instability tests were normal on the left side, but positive for sulcus sign,

loading shift, Job relocation test as well as apprehension on the right side. Provocative tests were negative on the left side but positive for cross body adduction, internal rotation, external and internal rotation, impingement signs, speed test, O'Brien's test. Right side is negative for neutral impingement. It was noted that per Official Disability Guidelines the proposed capsulorrhaphy is noted as currently under study due to early positive outcomes being tempered by poorer long term outcomes. It was noted conservative management is still the cornerstone in the initial management of shoulder subluxation or dislocation by means of range of motion and strengthening exercises. It was noted that the claimant underwent sessions of physical therapy, but objective documentation of clinical and functional response was not provided. No physical therapy notes documenting a lack of progress through several attempts were noted. There was no documentation of the claimant's response to oral medications in conjunction with rehabilitative efforts.

An appeal request for O/P right shoulder arthroscopic shoulder capsulorrhaphy was reviewed on 12/29/11, and the request again was non-certified. Reviewer noted that medical report dated 12/02/11 indicates the claimant has right shoulder pain. On examination of the right shoulder there is positive posterior load, shift and jerk test. Physical examination on 11/09/11 revealed full range of motion of the shoulder in all planes. The right supraspinatus has 4/5 motor strength with 5/5 infraspinatus strength. There is positive sulcus sign, load and shift, Job's relocation test as well as apprehension sign on the right side. Provocative tests were negative on the left side, but positive on the right for cross body adduction, internal and external rotation, impingement signs, speed test and O'Brien test. Right side is negative for neutral impingement. MRI of the right shoulder dated 07/26/11 showed minimal insertional tendinopathy of the supraspinatus tendon, and low lying acromion together with a small to moderate broad based spur that impinges the supraspinatus musculotendinous junction with a small amount of fluid/bursitis in the adjacent subacromial/subdeltoid bursa. Reviewer noted that current guidelines indicate the proposed procedure is under study due to early positive outcomes being tempered by poorer long-term outcomes. The medical report failed to objectively document exhaustion and failure of conservative treatment such as activity modification, home exercise training, oral pharmacotherapy and physical therapy. Noting the lack of documentation regarding the claimant's failure to respond to conservative treatment including exercise and pharmacological treatment and noting that there is no objective evidence the claimant is unlikely to gain clinically significant functional response from continued treatment from less invasive modalities, it was determined the maximum potential of conservative treatment has not been fully exhausted to indicate a surgical procedure.

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

The proposed OP Right Shoulder Arthroscopic Shoulder capsulorrhaphy 29806 is not supported as medically necessary by the clinical data presented for review. Claimant is noted to have sustained an injury due to motor vehicle accident on xx/xx/xx. Reportedly he has failed conservative care, but no documentation was provided of the nature and extent of conservative treatment completed to date. MRI of the right shoulder revealed minimal insertional tendinopathy of the supraspinatus tendon, with low lying acromion together with a small to moderate broad based spur impinging the supraspinatus musculotendinous junction. MR arthrogram of the right shoulder was performed, but no radiology report was submitted for review. This study reportedly showed a glenoid labral articular disruption of approximately four to five o'clock position of the posterior inferior glenoid, with insertional tendinopathy of the supraspinatus tendon without tear. Current evidenced-based guidelines indicate that capsulorrhaphy is under study with early positive outcomes being tempered by poorer long-term outcomes.

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)