

SENT VIA EMAIL OR FAX ON
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral Shoulder Arthroscopy, Rotator Cuff Debridement, Subacromial Decompression, Distal Claviclectomy

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

Cover sheet and working documents

Request for IRO dated 01/10/12

Utilization review determination dated 12/23/11

Texas outpatient non-authorization recommendation dated 11/15/11

Preauthorization review dated 11/11/11

MRI left shoulder without contrast dated 11/30/11

MRI right shoulder without contrast dated 11/30/11

Clinical records dated 03/02/09-12/07/11

Office note dated 04/29/11

Clinic note dated 02/06/09

MRIs shoulder right and left without contrast dated 10/20/08

Clinical records dated 07/31/02-08/21/02

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who reportedly was injured on xx/xx/xx while trying to stop extremely heavy object from moving forward. He complains of neck and shoulder problems. MRI of the right shoulder dated 10/16/08 reported evidence of acute and chronic tendinitis throughout supra and infraspinatus components of rotator cuff. Type I acromion was noted with normal acromial humeral space. Degenerative hypertrophic changes to AC joint were noted with

small joint effusion. Stress related changes to lateral aspect of humeral head posteriorly were also noted. MRI of left shoulder performed on same date revealed intact rotator cuff with chronic tendinitis to supra and infraspinatus components. There is borderline type II acromion with normal acromion humeral space. Degenerative hypertrophic changes to AC joint were noted. There were minor stress related changes to posterolateral aspect of humeral head. Records indicate the claimant was treated with medications, physical therapy, and cortisone injections which have not helped him. The claimant was seen on 10/30/11 with continued complaints of bilateral shoulder pain, right worse than left. Physical examination reported limited range of motion of cervical spine without tenderness to cervical compression. Spurling's is not markedly positive. Range of motion of upper extremities is limited to 160 degrees of abduction, 160 degrees of forward flexion and markedly positive outlet impingement sign. External rotation is to 80 degrees bilaterally. Internal rotation is to less than 20 degrees. X-rays of bilateral shoulders were noted to be consistent with outlet impingement and AC joint arthropathy. Impression was partial thickness rotator cuff tear bilateral shoulders without impingement symptomatic AC joint. The claimant was referred for repeat MRI. MRI of right shoulder performed on 11/30/11 reported moderate tendinopathy with supraspinatus, infraspinatus, and arcuate segment of biceps longhead tendon without macro tear. There was mild dry capsulitis and mild AC arthropathy. Left shoulder MRI performed on the same date revealed moderate / severe chronic confluent tendinopathy of supraspinatus and infraspinatus tendon. A 1 mm undersurface insertional tear was noted at the foot plate of supraspinatus tendon. There is developing interstitial laminar tear ill defined from insertion to critical zone of anterior infraspinatus tendon. There is mild glenohumeral arthrosis with spurring, chondral fissuring and diffuse degeneration at labrum. There is moderate diffuse dry capsulitis probably secondary to adhesive capsulitis. Moderate AC arthropathy was noted. The claimant was seen on 12/07/11 and noted to continue with significant problems related to both shoulders which have been extremely painful. Physical examination at this time reported range of motion of right upper extremity is limited to 160 degrees of abduction, 160 degrees forward flexion, and markedly positive outlet impingement sign. External rotation is to 80 degrees bilaterally. Internal rotation is to less than 20 degrees. It is noted that left shoulder has actually lost more motion since previous visit with only 90 degrees in abduction and under 20 degrees of forward flexion at this time. He continues to have outlet / impingement signs, and pain over rotator cuff. External rotation is 80 degrees on right and 60 degrees on left. Internal rotation is less than 20 degrees bilaterally. The patient is recommended to undergo arthroscopy and indicated procedures.

The utilization review performed 11/15/11 noted that due to significant time lapse in injury and previous imaging studies at present time of surgery was complicated, repeat MRI would be recommended prior to surgical intervention. Subsequently MRI of both shoulders is certified as medically necessary. The claimant was noted to remain symptomatic despite conservative treatment. Approval for surgical intervention would be in part to pending MRI studies and opinions deferred pending new studies availability.

Per utilization review dated 12/23/11, request for bilateral shoulder arthroscopy, rotator cuff debridement, subacromial decompression and distal claviclectomy was non-certified. The reviewer noted the claimant was examined on 12/07/11 but part of record is missing including description of symptoms, part of physical findings have included positive impingement responses, tenderness over rotator cuff, limited range of motion into 90 AB on left, 120 FE, 80 ER right, and 60 ER left, less than 20 IR both sides. X-rays on 12/07/11 reportedly showed findings consistent with impingement, AC joint arthropathy. MRI in 2008 reportedly showed supraspinatus and infraspinatus tendinopathy and tendinitis. Repeat MRI of left shoulder on 11/30/11 showed chronic supraspinatus and infraspinatus tendinopathy, 1 mm articulation insertional tear of supraspinatus, glenohumeral arthrosis with spurring and chondral fissuring and diffuse degeneration of labrum, diffuse dry capsulitis compatible with adhesive capsulitis and adhesive arthropathy. Repeat MRI of right shoulder on 11/30/11 showed tendinopathy of infraspinatus and supraspinatus and longhead of biceps without macro tear, dry capsulitis consistent with adhesive capsulitis, mild AC joint arthropathy but no reported glenohumeral arthritis. It was noted applicable clinical practice guidelines support use of surgery including lysis of adhesions to treat adhesive capsulitis of shoulder but not rotator cuff debridement and subacromial decompression and distal claviclectomy since

impingement pain can be secondary to abnormal shoulder motion caused by capsular tightness of adhesive capsulitis. This individual has adhesive capsulitis of both shoulders in addition to rotator cuff tendinopathy and impingement symptoms, so medical necessity of arthroscopy of shoulder to accomplish rotator cuff debridement and subacromial decompression and distal claviclectomy for his adhesive capsulitis is not established.

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

The proposed bilateral shoulder arthroscopy, rotator cuff debridement, subacromial decompression and distal claviclectomy is indicated as medically necessary based on clinical data provided. The claimant is noted to have sustained injuries to bilateral shoulders on 05/12/08. He has been treated conservatively with medications, therapy, and cortisone injection without significant improvement. The claimant was noted to have positive impingement signs on clinical examination and limited range of motion indicative of adhesive capsulitis. He has objective findings of significant pathology in both shoulders. Consequently, surgical intervention is indicated as medically necessary with extent of surgical intervention to be determined based on intraoperative findings. Medical necessity is established and previous denials should be overturned on IRO.

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)