

Clear Resolutions Inc.

An Independent Review Organization
6800 W. Gate Blvd., #132-323
Austin, TX 78745
Phone: (512) 879-6370
Fax: (512) 519-7316
Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/06/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left shoulder arthroscopy glenohumeral debridement biceps tenotomy, Mumford, 29822

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

M.D., Board Certified Orthopedic Surgeon

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
Notification of reconsideration determination 12/06/11
Notification of adverse determination 11/10/11
Office visit notes Dr. 11/12/10 through 12/12/11
MRI left shoulder 11/04/10
Operative report left shoulder arthroscopic rotator cuff repair, subacromial decompression with release of coracoacromial ligament, glenohumeral debridement with partial synovectomy 12/02/10
Clinical lab report 10/17/11

PATIENT CLINICAL HISTORY SUMMARY

The injured worker is a male. He was hxxxxx injuring his shoulder. He has a remote history of previous left shoulder injury and recovered well. He failed conservative care and underwent left shoulder arthroscopy on 12/02/10. He did well post-operatively and was recovering as expected per office note dated 01/19/11. On 03/07/11 he finished his last physical therapy. He had improved range of motion but still slight pain with certain movements. On XX/XX/XX he was having a functional capacity evaluation but there was too much pain and he was unable to finish. There is elevated pain and decreased range of motion for two to three weeks. He was exercising when symptoms started. Subacromial injection was performed and five minutes after injection he experienced partial pain relief. On 07/29/11 the exam note states that he had received 50% relief lasting for three weeks following subacromial injection on before wearing off. On 10/07/11 he was examined after a reinjury to his shoulder while climbing a ladder on. He complains of left shoulder pain located at the lateral shoulder. Left shoulder examination revealed no ecchymosis, swelling or effusion. There was no atrophy. There was tenderness over the anterolateral acromion,

posterolateral acromion, bicipital groove. Active range of motion reported flexion 75, internal rotation L4. MRI of the left shoulder on 10/28/11 and compared to previous study of 11/04/10 revealed change consistent with a prior rotator cuff repair without significant recurrent partial or full thickness tear of the supraspinatus tendon. There is insertional tendinopathy of the infraspinatus and subscapularis tendons without tear. Mild osteoarthritic changes in the inferior aspect of the glenohumeral joint were noted. There is chronic distal left clavicular deformity, changes consistent with old type 3 AC joint separation, and a small to moderate broad based subacromial spur all stable over the interval. At exam on 10/31/11 there is continued lateral left shoulder pain. MRI of the left shoulder dated 10/28/11 was reviewed and revealed no re-tear of the rotator cuff; AC separation deformity of the distal clavicle.

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

This man had an injury to his shoulder and underwent surgical intervention on 12/02/10. He was doing well and recovering as expected following surgery. A progress note from 04/29/11 states he was 5 months status post left shoulder arthroscopy and was recovering well with motion but still not strong enough for normal work. He was to continue with medications. On XX/XX/XX he was experiencing worsening pain (04/29/11 pain level at worst is 1, pain level at worst on XX/XX/XX was 8). There was reduced range of motion and positive provocative testing including positive Neer, Hawkins, and Jobe's. He underwent subacromial injection, which provided approximately 50% pain relief lasting for 3 weeks before wearing off. He was treated with medications, and exercises. His symptoms continued to worsen with active range of motion of flexion on 105 degrees on 10/07/11. Noting the injured employee had positive response to subacromial injection and failed to improve with other conservative measures including therapy / exercise, medications, anti-inflammatories, and activity modification, and noting objective findings on MRI and physical examination findings, the reviewer finds Outpatient left shoulder arthroscopy glenohumeral debridement biceps tenotomy, Mumford, 29822 is medically necessary.

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)