

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: June/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Shoulder, Arthroscopy with subacromial decompression

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

04/20/11 – MRI Left Shoulder

07/29/11 – Work Conditioning Note

08/05/11 – Work Conditioning Note

08/10/11 – Functional Capacity Evaluation

09/02/11 – Work Conditioning Note

09/08/11 – Work Conditioning Note

09/09/11 – Functional Capacity Evaluation

09/15/11 – Clinical Note – MD

10/13/11 – Clinical Note – MD

11/10/11 – Designated Doctor Evaluation - MD

11/10/11 – Report Of Medical Evaluation

11/17/11 – Clinical Note – MD

02/16/12 – Clinical Note – MD

03/01/12 – Clinical Note –MD

04/06/12 – Prior Peer Review –MD

04/06/12 – Utilization Review Determination

04/12/12 – Clinical Note –MD

04/24/12 – Prior Peer Review –MD

04/25/12 – Utilization Review Determination

05/10/12 – Clinical Note –MD

05/15/12 – Request For Review By Independent Review Organization

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who injured his shoulder. MRI of the left shoulder performed 04/20/11 revealed underlying degenerative joint disease with small amount of joint effusion. There

was acromioclavicular joint osteophytosis that may contribute to impingement syndrome. There was no evidence of rotator cuff tear. There was cystic formation at the humeral tuberosity, likely degenerative in nature. Functional capacity evaluation performed 08/10/11 placed the claimant in the medium-heavy physical demand level, while the claimant's occupation as a UPS driver required a very heavy physical demand level. The claimant completed 15 sessions of work conditioning from 07/29/11 through 09/02/11. Functional capacity evaluation performed 09/09/11 placed the claimant in the medium to medium-heavy physical demand level, while the claimant's occupation as a UPS driver required a heavy to very heavy physical demand level.

The claimant saw Dr. on 09/15/11 with complaints of left shoulder discomfort with lifting. Physical exam revealed full range of motion of the left shoulder. There was minimal tenderness and good strength noted. The claimant was assessed with left shoulder impingement syndrome. The claimant was returned to full duty with the preference of avoiding overhead lifting with the left upper extremity. The claimant saw Dr. on 10/13/11 with complaints of left shoulder pain. Physical exam revealed minimal tenderness of the left shoulder. There was good strength noted. The claimant was neurovascularly intact distally. The claimant was assessed with left shoulder impingement syndrome. The claimant was continued on modified duty. The claimant was seen for designated doctor evaluation on 11/10/11. The claimant complained of left shoulder pain and continued difficulty with activities of daily living, to include overhead reaching, sleeping, pulling, pushing, and lifting. The claimant's medications included hydrocodone and Lisinopril. Physical exam revealed the claimant did not appear to be in acute distress. The claimant did not wear any type of brace or utilize any assistive devices. The remainder of the physical exam was not provided for review. The designated doctor opined that the compensable injury extended to include left shoulder sprain/strain.

The claimant saw Dr. on 11/17/11 with complaints of left shoulder pain with lifting and reaching with associated popping. Physical exam revealed tenderness to palpation anteriorly. Forward flexion was to 170 degrees, abduction was to 160 degrees, and internal rotation elicited pain. The claimant was assessed with left shoulder impingement syndrome. The claimant was continued on modified duty. The claimant saw Dr. on 02/16/12 with complaints of left shoulder pain with lifting, reaching, and lying on the shoulder. Physical exam revealed tenderness along the anterior acromion. Forward flexion was to 170 degrees and abduction was to 170 degrees with pain. Jobe's impingement sign was positive. The claimant was assessed with rotator cuff syndrome and left shoulder impingement syndrome. The claimant was recommended for left shoulder arthroscopy. The request for left shoulder arthroscopy with subacromial decompression was denied by utilization review on 04/06/12 due to lack of radiographs to assess acromion morphology and no indication of an attempt at injection.

The claimant saw Dr. on 04/12/12 with complaints of left shoulder pain with lifting and reaching. Physical exam revealed tenderness to palpation of the anterior acromion. Range of motion was restricted with internal and external rotation. There was full strength noted. The claimant was neurovascularly intact distally. The claimant was assessed with left shoulder impingement syndrome. The claimant was recommended for left shoulder arthroscopy. The claimant was prescribed Mobic. The request for left shoulder arthroscopy with subacromial decompression was denied by utilization review on 04/25/12 due to lack of significant clinical findings, lack of information regarding prior injections, and lack of imaging studies confirming the presence of impingement. The claimant saw Dr. on 05/10/12 with continued complaints of left shoulder pain with lifting and reaching, as well as associated popping. The note states the claimant received injections to the shoulder and completed work conditioning. Physical exam revealed crepitus with range of motion. There was tenderness noted anteriorly. There was a painful arc beyond 100 degrees of forward flexion and abduction. Jobe's sign was positive. There was full strength noted. There was no winging of the scapula. The claimant was assessed with left shoulder impingement syndrome. The claimant was recommended for left shoulder arthroscopy.

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

The clinical documentation does not establish that the claimant has completed a 3 to 6 month conservative treatment program. The claimant was noted to have attended a work-conditioning program for one month; however, there is no indication that the claimant was actively treated with additional conservative measures for the duration recommended in guidelines. The claimant's most recent physical exam did not reveal any significant weakness in the left upper extremity as recommended by guidelines and there was no documented result of a diagnostic injection into the left subacromial space. As the clinical documentation provided for review does not meet current evidence based guideline recommendations for the requested surgical procedure, the reviewer finds medical necessity is not established for Left Shoulder, Arthroscopy with subacromial decompression. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)