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Notice of Independent Review Decision

DATE OF REVIEW: 6/5/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of URGENT appeal Outpatient Right Shoulder AC Joint Repair 23550.

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

The reviewer is a Medical Doctor who is board certified in 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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of URGENT appeal Outpatient Right Shoulder AC Joint Repair 23550.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Health Care and M.D.

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Health Care
Health Care

Denial- 5/11/12
Medical Center
Clavicle and Shoulder X-ray- 3/6/12
M.D.
Office Notes- 3/21/12
Occupational Medical Care
X-ray Right Shoulder- 4/11/12
Bone and Joint Specialists
Patient History- 4/16/12
Office Notes- 4/16/12, 4/25/12
Letter- 5/2/12
MRI & Diagnostics
Arthrogram right shoulder- 4/24/12
MRI Arthrogram of right shoulder- 4/24/12

Records reviewed from M.D. were duplicates.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Attending Physician's, Dr., records reveal (most recently as of xx/xx/xx) that the sustained a traumatic right shoulder AC separation of between grade 3 and 4. The patient fell through a deck onto his right shoulder. Pain, tenderness, severe deformity with skin tenting and a partial rotator cuff tear have also been noted. The 4/24/2012 dated MRI Athrogram and prior x-rays revealed that the at least grade 3 disruption has additional ligamentous rupture of the coracoclavicular ligaments. The Attending Physician has considered surgical repair of the 'separated' shoulder/acromioclavicular joint.

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

The persistent pain, deformity and dysfunctional shoulder is well documented to be a major source of persistent musculoskeletal pathology. The patient has a grade 3+ separated shoulder, ruptured coracoacromial ligaments, with skin tenting and probable rupture through underlying muscle. This may actually be a type 4 in the Rockwood Classification, as noted below. The passage of time, medications, a prescribed activity protocol and restricted activities have all been tried and failed. The patient utilizes his shoulder extensively in his occupation. Without the proposed procedure, he would have an increased probability of pain, deformity and dysfunction, along with post-traumatic arthritis. Clinical guidelines and authoritative texts (noted below) support the requested procedure in just such a scenario, as noted in the references below.

References:

1.) Official Disability Guidelines-Treatment for Workers' Compensation Online Edition
Chapter: Shoulder Surgery for AC joint separation

ODO Indications for Surgery Criteria for surgical treatment of acromioclavicular dislocation with diagnosis of acute or chronic shoulder AC joint separation:

1. Conservative Care: Recommend at least 3 months. Most patients with grade 3 AC dislocations are best treated non-operatively. PLUS
2. Subjective Clinical Findings: Pain with marked functional difficulty. PLUS
3. Objective Clinical Findings: Marked deformity. PLUS
4. Imaging Clinical Findings: Conventional x-rays show Grade 3+ separation.

2.) Wheeless Textbook of Orthopedics-Online AC Joint Separation

- Rockwood Classification:

- type 1- sprain of joint without a complete tear of either ligament
- type 2 - tear of AC ligaments w/ coracoclavicular ligaments intact;
 - will not show marked elevation of lateral end of clavicle;
- type 3: - in this injury both AC & CC ligaments are torn;
 - > 5 mm elevation of AC joint w/o weights
 - is consistent w/ severe type 2 or a type 3 injury;
 - need to distinguish this from type 3 clavicular fracture
- type 4:- distal clavicle impaled posteriorly into trapezial fascia;

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)

Wheeless Textbook of Orthopedics-Online
AC Joint Separation

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