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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Shoulder Arthroscopic Labral Debridement vs Labral Repair and Subacromial Appeal Decompression

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

M.D., Board Certified Board Certified Orthopedic Surgeon (Joint)

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity has not been established for Right Shoulder Arthroscopic Labral Debridement vs Labral Repair and Subacromial Appeal Decompression.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 05/30/12
Utilization review determination dated 08/08/12
MR arthrogram dated 08/07/11
Clinical records Dr. 04/17/12-08/23/12
MRI shoulder without contrast dated 08/20/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have sustained an injury to his shoulder while lowering a case of beer from a shelf. Of note, the record contains a pre date of injury MR arthrogram dated xx/xx/xx. This study notes small paralabral cyst adjacent to posterior labrum with mild irregularity of posterior labrum. There is question of posttraumatic sequela without labral detachment. There is minor infraspinatus tendinosis.

On xx/xx/xx the claimant was seen by Dr. with complaints of right shoulder pain after pulling down case of beer. On physical examination the right shoulder is guarded due to pain and apprehension. There was full passive range of motion against resistance. O'Brien's is positive. He has weak external rotation and poor effort. MRI of right shoulder was obtained and showed mild tendinosis of supraspinatus with small posterior labral injury of unknown

chronicity. Of note this report is dated xx/xx/xx. The claimant was opined to have acute right shoulder injury with disuse possible labral tear. He was referred for physical therapy. It is reported on 05/15/12 that the claimant is not getting any improvement with physical therapy. He reported he still has pain and weakness with mechanical symptoms. On examination he has weakness in external rotation and positive O'Brien's test. Right shoulder arthroscopy with debridement versus repair of labrum and subacromial decompression was recommended. When seen in follow-up on 06/14/12 it was noted worker's comp requested injection and physical therapy prior to surgery. At this visit he received corticosteroid injection and started on physical therapy program.

The claimant was seen in follow-up on 08/16/12. It is noted the request for surgery was again denied. On physical examination he has full range of motion. He is reported to have positive Neer and Hawkins impingement test. Labral signs are negative. He is slightly weak in external rotation. The claimant was referred for repeat MRI of shoulder on 08/20/12. This study shows a small subchondral cyst near the insertion site of supraspinatus tendon otherwise unremarkable MRI of right shoulder. Superior labral tears cannot be confidently diagnosed without intraarticular gadolinium. When seen in follow-up by Dr. on 08/23/12 it is reported he has full range of motion, positive Neer and Hawkins impingement test, labral sites are negative, and MRI is reported to show partial thickness tear of supraspinatus with findings of impingement syndrome.

The initial review was performed by Dr. on 05/30/12. Dr. non-certified the request. He notes ODG supports surgical intervention for impingement syndrome; however, surgery is not indicated for patients with mild symptoms or those with no limitations of activities. He notes ODG states surgery for SLAP lesions is recommended for type II and type IV lesions if more than 50% of tendon is involved. It is noted recent literature suggests poor outcome with worker's compensation population. He notes imaging studies do not establish frank literal tear and notes the claimant has not had any subacromial steroid injections.

The appeal request was reviewed by Dr. on 08/08/12. Dr. non-certified the request noting that the submitted clinical records did not document physical examination findings supporting impingement syndrome and that the imaging study did not document findings supporting impingement syndrome. He notes that the claimant has not exhausted all conservative treatments as he has only attended two weeks of physical therapy and there has not been injection therapy, neither intraarticular nor of the biceps tendon.

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

The submitted clinical records indicate that the claimant sustained an injury to the right shoulder as the result of moving a case of beer in xx/xx. The submitted clinical record contains an MRI of the right shoulder, which was performed on 08/07/11. This clearly predates the compensable event and indicates the presence of a possible labral tear prior to the alleged date of injury. The records indicate that the claimant has had minimal conservative management for both alleged conditions. He appears to have had a minimum of two weeks of physical therapy and a single corticosteroid injection. It would be noted that the clinical notes infer that the imaging study dated 08/07/11 was performed after the date of injury. A repeat MRI was performed on 08/20/12, which is nearly identical to the pre-injury MRI. This would suggest that no injury occurred and that there has been no advancement of the pathology in the shoulder. Further, given the history contained in the clinical record, it is unclear why the requestor did not ask for an enhanced study to support his diagnosis. Options would have included MRI with gadolinium. Therefore, based upon the available data, the claimant has not met criteria per Official Disability Guidelines and based on the pre and post injury imaging studies it is most likely that a new work injury did not occur. Based upon the totality of the data provided, the reviewer finds medical necessity has not been established for Right Shoulder Arthroscopic Labral Debridement vs Labral Repair and Subacromial Appeal Decompression.

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)