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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/01/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Symmetry V-Neck Shirt Right Shoulder

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] 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 the proposed Symmetry V-Neck Shirt Right Shoulder is not supported as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Office visit notes 08/23/06-09/04/12
Handwritten progress notes 08/23/06-08/21/12
Shoulder sheet 06/06/12
Physical therapy order right shoulder 06/28/12 and 08/21/12
Utilization review determination dated 08/06/12
Utilization review determination dated 08/27/12
Symmetry V-Neck Shirt information no date

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female whose date of injury is xx/xx/xx, when she reportedly was lifting and pulled something in her back. She progressively got worse. There is dislocation of her shoulder, then became parascapular for cervical issues. On physical examination the claimant was noted to have a 2+ sulcus with significant scapular winging. Axillary and musculocutaneous sensation is intact. Distal neurovascular status is intact, but supraspinatus and infraspinatus testing is 4 and 4-/5 compared to 5/5 on contralateral side. The claimant fires her deltoid in all three phases but is graded 4 to 4+/5. The claimant is reported to have responded well to one cervical epidural steroid injection, Lyrica, and Medrol DosePak.

A request for symmetry V-neck shirt right shoulder was reviewed on 08/06/12, and the request was denied. Per MD report dated 07/24/12, the claimant presents with complaints of continued burning, raw nerve type pain between shoulder blades and all around her shoulder and right side of cervical spine. On physical examination she has 2+ sulcus and significant scapular winging. Axillary and musculocutaneous sensation is intact. Distal neurovascular

status is intact, but supraspinatus and infraspinatus testing is 4 and 4-/5 compared to 5/5 on contralateral side. The claimant fires her deltoid in all three phases but is graded 4 to 4+/5. The claimant is diagnosed with suprascapular neuropraxia. The claimant was noted with cervical and brachial plexus injury. There are no high quality studies that evaluate the utility of symmetric V-Neck shirt. There are no submitted notes that detail specific indication for requested shirt or specific goals. There also were no submitted notes that explain why shirt of similar design could be similarly utilized and purchased elsewhere.

An appeal request was reviewed on 08/27/12, and symmetry V-Neck shirt right shoulder again was denied. The reviewer noted that current recognized guidelines do not discuss use of requested symmetry V-Neck shirt for treatment of suprascapular nerve neuropraxia and search of outcome placed published literature does not reveal adequate studies supporting the V-Neck shirt.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The claimant is noted to have sustained injury on xx/xx/xx. The claimant was assessed with an acute cervical / brachial plexus traction injury with resultant likely long thoracic neuropraxia, suprascapular neuropraxia, brachial plexitis, and plexopathy. The claimant is noted to have responded well to cervical epidural steroid injection as well as medications. As noted on previous reviews, there are no high quality studies establishing effectiveness of proposed Symmetry V-Neck shirt. The reviewer finds the proposed Symmetry V-Neck Shirt Right Shoulder is not supported as medically necessary. ODG does not address and no other high quality studies were found.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)