

# C-IRO Inc.

An Independent Review Organization  
1108 Lavaca, Suite 110-485  
Austin, TX 78701  
Phone: (512) 772-4390  
Fax: (512) 519-7098  
Email: resolutions.manager@ciro-site.com

## NOTICE OF INDEPENDENT REVIEW DECISION

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Surgery for right shoulder EUA, arthroscopy with debridement SAD, mum

### A 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)

**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 does not exist for Outpatient Surgery for right shoulder EUA, arthroscopy with debridement SAD.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 09/12/12

Utilization review determination dated 07/24/12

Utilization review determination dated 08/09/12

Emergency department records dated 06/28/11

CT of the head dated 06/27/11

CT cervical spine dated 06/27/11

CT right shoulder dated 06/27/11

MRI cervical spine dated 07/28/11

MRI right shoulder dated 07/28/11

Clinical records Dr. 07/28/11

Clinic note Dr. 08/05/11-01/20/12

Clinic note Dr. dated 02/22/12-07/30/12

Radiographic report right shoulder dated 08/22/12

### PATIENT CLINICAL HISTORY [SUMMARY]:

This female was injured xx/xx/xx when she slipped while waxing a floor. She sustained multiple injuries. She was evaluated at local emergency department where she was noted to have a right scalp hematoma, and pain in neck/shoulder areas. She underwent CT of head, which was essentially normal. CT of cervical spine notes loss of normal lordosis with kyphosis. There is subtle 1 mm anterior subluxation of C4 on C5. There is multilevel degenerative disc disease without evidence of acute injury. Evaluation of the right shoulder noted degenerative changes of AC joints. There is superiorly positioned humeral head in

relation to glenoid fossa of trans-scapular wide view. There are otherwise no obvious shoulder dislocations. There are mild degenerative changes seen within shoulder joint. MRI of cervical spine dated 07/28/11 notes a focal right paracentral disc protrusion at C6-7. MRI of right shoulder notes borderline acromiohumeral impingement with suspected bursal surface tear through supraspinatus tendon. A SLAP tear could not be excluded. Records indicate the claimant was referred to Dr.. The claimant was treated conservatively with oral medications, home exercise program, and intraarticular injections. Dr. opined the claimant was not a surgical candidate and recommended to be managed conservatively. The claimant requested a second opinion.

The claimant sought care from Dr. on 02/22/12. It is reported the claimant has undergone 6 weeks of physical therapy and only improved a small amount. She denies any problems with range of motion but reported pain with certain types of movement, which is occasional. She is currently taking Ibuprofen. She has some complaints of neck pain, which remains unchanged. On physical examination she is 5'2" tall and weighs 170 lbs. She is noted to have tenderness to palpation over anterior acromion. She has pain with Neer impingement sign. She has minimal pain over AC joint. She is noted to have full functional range of motion both active and passive. She has negative Jobe's, empty can, and a little bit of pain with drop arm. Sensation is intact in all distributions. She has 4/5 strength in all muscle groups and full external / internal rotation. The claimant was recommended to be seen by a neurosurgeon to rule out cervical pathology with subsequent recommendation for shoulder surgery.

The claimant was seen in follow-up by Dr. on 05/30/12. She has complaints regarding left shoulder as she is using it more secondary to right shoulder symptoms. She has been seen by spine surgeon for neck and he cleared her to return to full duty as far as cervical spine is concerned. She reported she is maxed out in terms of range of motion and strength with physical therapy. She requested something definitive be done about her shoulder. On physical examination she is noted to have limited range of motion of bilateral upper extremities right worse than left. Right shoulder examination reveals AATE 175 degrees, discomfort passed 125. Neer and Hawkins impingement signs were positive with tenderness over the AC Joint. There was positive cross arm abduction test. She had equivocal O'Brien's test. There was 4/5 strength with pain on drop arm test. The claimant was subsequently recommended to undergo surgical intervention.

On 07/24/12 the initial review was performed by Dr.. Dr. non-certified the request noting that there was no documentation of other conservative treatments such as cortisone injections, medications, or specific therapy.

The appeal request was reviewed by Dr.. Dr. non-certified the request noting that the claimant has not exhausted conservative management. There is a lack of information regarding the patient's specific complaints of pain with active arc of motion from 90 degrees to 100. He notes that given the lack of information regarding the patient's completion of conservative treatments and taking in the lack of information regarding the patient's significant clinical findings that the request does not meet guidelines.

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

The medical records indicate that this claimant sustained an injury to her shoulder as a result of a slip and fall. The record does not provide detailed information establishing that the claimant underwent an aggressive course of physical therapy with intraarticular corticosteroid injections. Imaging studies are showing evidence of a largely degenerative pathology with a suspected bursal surface tear through the supraspinatus tendon. Given the lack of detailed information and supporting documentation to establish the failure of conservative management, the reviewer finds medical necessity does not exist for Outpatient Surgery for right shoulder EUA, arthroscopy with debridement SAD, mum. 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)