

# Wren Systems

An Independent Review Organization  
3112 Windsor Road #A Suite 376  
Austin, TX 78703  
Phone: (512) 553-0533  
Fax: (207) 470-1064  
Email: manager@wrensystems.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Sep/06/2012

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

1 Right Shoulder Examination Under Anesthesia, Diagnostic Arthroscopy with Debridement, Subacromial Decompression, Mumford, Rotator Cuff Repair

**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:

- 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 requested 1 Right Shoulder Examination Under Anesthesia, Diagnostic Arthroscopy with Debridement, Subacromial Decompression, Mumford, Rotator Cuff Repair is not medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
UR determination dated 08/15/12  
UR determination dated 08/08/12  
Orthopedic progress notes dated 05/27/11-08/17/12  
Operative report of left shoulder arthroscopy dated 11/16/11  
X-rays of left shoulder dated 05/27/11 and 04/05/11  
X-rays of right shoulder dated 04/04/11  
Office notes from dated 10/27/11  
Laboratory report dated 10/27/11  
Physical therapy notes 06/15/11-02/29/12  
Pre authorization request dated 08/03/12 and reconsideration request dated 08/11/12  
shoulder CT scan without contrast dated 05/05/11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who sustained an injury to the right shoulder while lifting. CT scan of left shoulder on 05/05/11 revealed full thickness of rotator cuff tear. The patient had left shoulder arthroscopy on 11/16/11. Progress record dated 02/24/12 indicated that the claimant has been doing great as far as his left shoulder, following left shoulder scope, but his right shoulder had been hurting him since the accident that originally happened.

Examination of the right upper extremity revealed pain with palpitation of the interior aspect of the right acromion. There were positive impingement signs with positive Neer and positive Hawkins. He also has minimal pain with Jobe. Drop arm, Obrien, and speed tests were negative. There is a palpable bump over the dorsal aspect of the right wrist. It is not tender. X-rays to the right wrist showed no flash or dislocation. He was referred for further imaging studies of the right shoulder. The progress record dated 06/06/12 noted the claimant reported left shoulder doing great since he has had surgery. He feels like he reinjured the right shoulder in therapy while picking up a weight, which the therapist was having him lift over his head. Examination of the left upper extremities showed well healed scars from prior surgery with excellent range of motion and no focal point of tenderness. The claimant had good strength of the left shoulder. Right shoulder has painful range of motion, painful speed test, 4+/5 strength on drop arm test and tenderness of the AC joint.

A request for right shoulder examination under anesthesia, diagnostic arthroscopy with debridement, subacromial decompression, Mumford, rotator cuff repair was non-certified by UR determination on 08/08/12. It was noted that claimant underwent conservative care without improvement and on 11/16/11 underwent examination under anesthesia, diagnostic arthroscopy with debridement, subacromial decompression, acromioplasty and open Mumford procedure. He completed 24 sessions of postoperative therapy to the left shoulder, and appeared to be receiving physical therapy to the right shoulder at the same time. The patient is noted to have painful range of motion of the right shoulder with 175 degrees of active assisted extension, the discomfort passed 125 degrees and internal rotation to the lower sacral junction and external rotation to the occiput. He was noted to have a positive speed test with 4+/5 strength with drop arm test. He also had tenderness over the AC joint. Official Disability Guidelines recommend surgery for impingement syndrome following conservative care and with subjective findings of pain on active range of motion, pain at night and weak or absent abduction with tenderness of the anterior acromial area and positive impingement sign with relief of pain with anesthetic injection plus positive findings on MRI. It is noted that the claimant has reportedly undergone physical therapy, but there is not documentation that he has received an anesthetic injection with temporary relief of pain, nor is there an MRI of the right shoulder that showed positive evidence of impingement. The proposed surgical procedure does not meet guideline recommendations.

A reconsideration request for right shoulder examination under anesthesia, diagnostic arthroscopy with debridement, subacromial decompression, Mumford, rotator cuff repair was non-certified per UR determination dated 08/15/12, noting that the updated documentation submitted for appeal still did not address the concern raised on previous review (no documentation regarding response to anesthetic injection; MRI findings not reported). Response to anesthetic injection is still not noted in the records provided. In addition, it was reported that the claimant has undergone a right shoulder MRI, the radiology report for this study was not provided to document positive findings that may warrant the surgery being requested. Based on these grounds, the medical necessity request is substantiated in the previous non-certification.

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

This man was noted with sustaining an injury due to lifting at work. CT scan revealed full thickness tear of the left supraspinatus tendon and the claimant underwent left shoulder diagnostic arthroscopy with partial claviclectomy, chondroplasty, subacromial decompression/acromioplasty and open Mumford on 11/16/11. He participated in postoperative physical therapy. Records indicate that the claimant's left shoulder improved with surgical intervention. However, he continued to complain of right shoulder pain. On examination the claimant was noted to have limited pain with range of motion of the right shoulder with positive impingement signs, positive speed tests, pain and weakness with drop arm test. There also was tenderness of the AC joint noted. No MRI of the right shoulder was submitted for review with objective findings that would support the proposed surgical procedure. Also, there is no documentation that the claimant had a diagnostic anesthetic injection with appropriate response. The ODG criteria for the requested procedure has not

been met. The reviewer finds the requested 1 Right Shoulder Examination Under Anesthesia, Diagnostic Arthroscopy with Debridement, Subacromial Decompression, Mumford, Rotator Cuff Repair is not medically necessary.

**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)