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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/10/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right shoulder arthroscopy, subacromial decompression, glenohumeral debridement and Mumford procedure

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

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinic notes 01/13/12-04/30/12
Clinic notes 01/13/12-04/30/12
Physical therapy notes 01/16/12-03/08/12
MRI left shoulder cervical spine, lumbar spine and right shoulder dated 03/19/12
Functional capacity evaluation dated 03/26/12
Impairment rating report dated 04/13/12
Clinic note 05/29/12
Clinic notes 06/07/12-07/13/12
Prior reviews dated 07/19/12 and 08/03/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury when he slipped and fell striking right knee, both shoulders, neck, and low back. Treatment to date has included extensive physical therapy from January through March of 2012. The patient was placed at MMI in 04/12. MRI of right shoulder dated 03/19/12 revealed hyperintense signal within supraspinatus representing a partial thickness tear. Mild osteoarthritic changes were noted in glenohumeral joint and there was minimal thickening of the inferior glenohumeral ligament. The glenoid labrum appeared normal. There were degenerative changes detected within the acromioclavicular joint with hypertrophic spurring and impingement on the musculotendinous junction of supraspinatus. There is mild downsloping of acromion. The patient reported significant pain in the shoulders bilaterally with loss of range of motion. Medications included Naproxen 500 mg, Robaxin 750 mg and Ultracet 37.5/ 3.5 mg. The claimant was seen by Dr. with complaints of bilateral shoulder pain right worse than left. Physical examination revealed significant loss of active range of motion in right shoulder with 69 degrees forward flexion and

25 degrees external rotation. Impingement signs were deferred due to patient's severe pain. No movement past the 90 degree abduction position was noted. The patient was prescribed Voltaren 75 mg to replace Naprosyn. The patient underwent a right shoulder injection at subacromial bursa on 06/21/12. Follow-up on 07/12/12 reported some relief with injections that was starting to return. Physical examination revealed a positive Neer and Hawkins impingement signs. Medications were refilled at this visit. Follow-up with Dr. reported continuing pain in the right shoulder. Physical examination reported tenderness to palpation over the right shoulder of the acromion and bicipital groove. Anti-inflammatories were discontinued at this visit and surgical intervention was recommended.

The request for right shoulder arthroscopy with subacromial decompression glenohumeral debridement and Mumford procedure was denied by utilization review as there was no evidence of significant impingement on MRI of right shoulder and no impingement signs were noted on examination.

The request was again denied by utilization review on 08/03/12 as there was lack of documentation regarding physical examination findings supporting impingement diagnosis.

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

The request for right shoulder arthroscopy to include subacromial decompression glenohumeral debridement and Mumford procedure is recommended as medically necessary. Based on clinical documentation submitted for review the patient has undergone extensive amount of conservative treatment for the shoulders to include months of physical therapy, use of anti-inflammatories, and most recently diagnostic injection. The patient had some initial relief with diagnostic injection; however, no long-term improvement was noted. The patient's physical examination findings with Dr. clearly revealed positive impingement signs consistent with the findings on the MRI of the right shoulder. The patient had objective evidence of osteoarthritis in right shoulder joint and there was clear impingement of the acromion on supraspinatus musculotendinous junction. The patient continued to have tenderness to palpation over acromioclavicular joint that did not respond to medications to include Voltaren. As the clinical documentation submitted for review does meet guideline recommendations for the surgical request, medical necessity is established and prior denials are overturned.

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)