



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:**

12/04/13

**IRO CASE #:**

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

Left Shoulder Arthroscopy, SAD, DCR, MUA and any other indicted procedures of the Left Shoulder

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

Board Certified in Orthopedic Surgery

**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 or not medical necessity exists for each of the health care services in dispute.

Left Shoulder Arthroscopy, SAD, DCR, MUA and any other indicted procedures of the Left Shoulder – OVERTURNED

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Encounter Notes, 08/29/13, 10/17/13, 11/07/13
- Pre-Operative Evaluation, 09/12/13
- Laboratory Work Up, 09/12/13
- Physician's Pre-Operative Orders, 09/12/13
- Denial Letters, 09/27/13, 10/14/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient had a history of left shoulder injury on xx/xx/xx when she was at work. Since the injury, she had pain in the left shoulder constantly. She was diagnosed with left shoulder impingement syndrome, left shoulder bursitis, and left shoulder adhesive capsulitis. A steroid injection was administered and she was advised to undergo therapy. However, the claimant continued with ongoing pain with no relief. An MRI on 08/15/13 showed a subacromial and subdeltoid bursitis with a type 2 acromion. Surgery of the left shoulder was recommended.

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

Two prior reviews recommended non-certification of the requested procedures, noting lack of documentation of the length of conservative treatment and imaging evidence of acromioclavicular pathology. noted on 11/07/13 that the patient had been treated through Care, starting with physical therapy and home exercises, and the patient had received medication and a subacromial injection, all with failure to respond. did note that the patient had imaging of AC joint arthropathy with narrowing of the AC joint and inferiorly directed spurring. With this information, the prior Peer Review concerns have been appropriately addressed, and with the patient's previous physical examination and subjective complaints supporting the requested procedures, the recommendation is that the left shoulder arthroscopy with subacromial decompression, distal clavicle resection, and manipulation under anesthesia are medically necessary, with other procedures being performed if documented as medically necessary within guideline recommendations.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**