



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 3/18/2013

DATE OF AMENDED DECISION: 3/29/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

LEFT shoulder arthroscopy, subacromial decompression, biceps tenotomy,
Mumford-Outpatient.

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

M.D. Board Certified in Orthopedic Surgery/Sports Medicine Orthopedics.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

| Document Type | Date(s) - Month/Day/Year |
|--|---|
| Texas Department of Insurance Notice of Case Assignment | 2/23/2013 |
| Adverse Determination Letters Texas Workers' Compensation Work Status Reports | 2/12/2013-2/21/2013 11/27/2012-12/07/2012 |
| Workers' Compensation Pre-Authorization Review Request Denial Appeal | 2/05/2013 11/21/2012 |
| Initial Evaluation Physical Therapy Daily Notes Special Referral Slip, Notes | xxxxxx 11/29/2012-12/04/2012 12/07/2012 |



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| | 11/27/2012-12/07/2012 |
| Radiology Reports | 12/06/2012 |
| Office Visit Notes | 12/17/2012-2/04/2013 |

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who injured her shoulder while moving xx at work on xxxxx. On initial evaluation on xxxxx she was noted to have decreased ROM and pain 7/10 with x-ray negative for fracture. She was prescribed Naproxen and Ultracet and sent for PT. It appears she only went to 2 therapy sessions. She failed to improve and MRI was ordered and orthopedic referral made. Initial orthopedic evaluation on 12/17/12 with persistent pain and decreased ROM. MRI findings show signal change in the surgical neck of the humerus consistent with bone contusion or fracture as well as mild fluid in the subdeltoid space. There is no rotator cuff tear noted but findings are consistent with rotator cuff tendonitis. No intra-articular derangements and the biceps is said to have no evidence of pathology. No comment is made about the AC joint. Provocative testing unable to be performed due to pain. She had tenderness over the bicipital groove and at the anterior and lateral acromion. No comment made about AC joint tenderness at this point. The patient underwent a bicipital groove injection and continued rest and symptomatic treatment. At one month follow up she was essentially unchanged with no response to the bicipital groove injection. She was referred to PT at this time per the clinic note but no PT notes from after this visit are noted. At the last visit on 2/5/13 the patient had persistent symptoms but her pain score was reduced to 5/10 whereas she had said 8/10 at the other visits. She was noted to have AC joint tenderness at this visit in addition to her other areas of tenderness previously mentioned. She had positive provocative tests for impingement and biceps pathology at this visit as well.

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

Per ODG references, the requested LEFT shoulder arthroscopy, subacromial decompression, biceps tenotomy, Mumford-Outpatient is not medically necessary. At last visit the patient was demonstrating signs and symptoms consistent with impingement and biceps tendon pathology. That being said, there is not radiographic evidence for biceps tendon pathology, AC joint arthropathy, or impingement on MRI. X-ray findings are not documented as well to know if there is evidence of a hooked acromion or AC arthrosis. In addition the patient has failed to meet the nonoperative treatment criteria for these conditions. As of her last visit note she had only done 3 visits with PT which certainly is short of the recommended 3-6 months. She had not had a subacromial or AC joint steroid injection for treatment or diagnostic purposes either. The injection she did have in the bicipital groove had no effect which would seem to more rule the biceps out as a source of pain than lead to recommending surgery. Based on the available documentation at this time I would conclude that the recommended procedures of biceps tenodesis, subacromial decompression, and Mumford distal clavicle resection are not medically necessary at this point.



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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE KNOWLEDGE BASE
- 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