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Notice of Independent Review Decision

**Date notice sent to all parties: 3/22/13**

**IRO CASE #:**

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

Left shoulder manipulation under anesthesia and assistant surgeon, CPT codes 23700 and 99231

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

Texas Licensed 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 of the health care services in dispute.

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

1. 3/14/13 and 2/26/13 Denial Letters
2. 5/15/12, 8/9/12, 10/23/12, 11/13/12 and 2/19/13 notes
3. 4/3/12, 1/8/13 notes
4. 12/10/12 Operative Report
5. 11/20/12 Physical Therapy Discharge Summary
6. 5/1/12 Report on MRI of left shoulder
7. 5/30/12 Patient Evaluation
8. 6/13/12 Discharge Summary

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant has been well documented to be status post a left shoulder arthroscopic surgery with debridement for impingement syndrome. The operative summary details were reviewed. Most recent records from that provider dated 02/19/2003 documented that the claimant had a surgery of the "large significant rotator cuff tear, subacromial impingement, and medial and lateral arch stenosis." It was noted that the claimant currently has "scarring" despite being 10 weeks out from operative intervention. "He has lost all of what he worked so hard and gained from that first round of therapy... actually now suffering from adhesive capsulitis with loss of range of motion of his left shoulder..." We had noted on examination that the claimant was extremely tender to palpation over the AC joint "he cannot abduct even to neutral right now without dipping his opposite shoulder to try and get his arm up. He has significant limitation with internal and external rotation, forward flexion, and abduction. He cannot really get his hand behind his back right now at all, so we have lost all of that internal rotation too..." The claimant was felt to have an indication for manipulation under anesthesia with assistance as soon as possible. Prior records were reviewed including the pre and postoperative notes along with the operative summary. Numerous postoperative notes were noted to reference a course of therapy.

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

At this time the claimant has had reasonable documentation to support that his abduction is less than 90 degrees, which is one of the primary ODG considerations to support a manipulation under anesthesia. Due to the magnitude of the motion loss and the fact that the claimant does appear to have had reasonable documentation to support that he has tried and failed postoperative medications and therapy. The claimant indeed does have an indication for the manipulation under anesthesia.

An assistant surgeon is medically necessary due to the fact that optimal stabilization with a well-trained attendant as opposed to operating room personnel is appropriate in order to stabilize the torso and/or to assist in the manipulation itself in order to decrease the risk of morbidity and increase the risk of overall efficacy. Therefore, the CPT codes 23700 and 99231 are reasonable and

medically necessary per the ODG guidelines with regards to manipulation under anesthesia, which is reasonable and necessary in this case and with regards to assistant surgeon due to the complexity of the overall nature of the request. Reference ODG guidelines as discussed.

**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 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)