



**MEDICAL EVALUATORS  
OF TEXAS** ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008  
800-845-8982 FAX: 713-583-5943

**Notice of Independent Review Decision**

**DATE OF REVIEW:** July 29, 2013

**IRO CASE #:**

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

*Left shoulder arthroscopy distal clavicle excision (29824)*

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

This case was reviewed by a board certified Orthopaedic Surgeon currently licensed and practicing in the State of Texas.

**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**

<b>Type of Document Received</b>	<b>Date(s) of Record</b>
Follow up visit	03/14/2013
A letter	05/09/2013
An initial review	05/15/2013
A reconsideration appeal review	07/15/2013
A letter of adverse determination	07/15/2013
A request for an IRO for the denied services of "left shoulder arthroscopy distal clavicle excision"	07/24/2013

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This is a male who sustained a work-related injury on xx/xx/xx to his left shoulder. The mechanism of injury was not documented in the available records. There are no x-rays or MRI reports submitted for my review. report dated 03/14/2013 indicates his left shoulder



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pain level was 8/10. report dated 05/09/2013 indicates he had left shoulder rotator cuff repair in October 2011 and a second surgery that was a reverse prosthesis in January 2012. The second surgery helped somewhat, but he continued to have persistent AC joint pain with use and in extension. reported that his pain was emanating from the AC joint since the implant was in good position. He was treated with oral medications, physical therapy, and diagnostic left AC joint injection with 50% relief in his pain symptoms. has recommended left shoulder arthrodistal clavicle excision.

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

In applying the ODG criteria for partial claviclectomy, the surgeon clearly reports that the patient has had a 2-year history of persistent symptoms predominantly localized to the AC joint. He has failed treatment with a variety of conservative modalities including oral pain medications. I am led to believe that the patient has failed a course of physical therapy, although there are no therapy notes submitted with the request. Per clinical note from 03/14/2013, the patient does appear to meet criteria for failing conservative care and subjective findings for pain over the AC joint and pain with shoulder motion, namely forward flexion (elevation). He also meets objective criteria with tenderness to palpation over the AC joint and 50% relief of AC joint pain for 2 days following injection. However, similar to what the previous 2 reviewers have found, there are no radiographic or MRI reports submitted with the request documenting any pathology at the AC joint. The x-ray comments section in the surgeon's clinical note points out that the left shoulder reverse prosthesis is in good position but makes no comment on the AC joint itself. Due to the lack of radiographic documentation of post traumatic changes or DJD at the AC joint, the patient unfortunately fails to meet ODG criteria for partial claviclectomy. I agree with the previous adverse determination and find the case noncertified.

**ODG Indications for Surgery -- Partial claviclectomy:**

Criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint:

1. Conservative Care: At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS
2. Subjective Clinical Findings: Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS
3. Objective Clinical Findings: Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS
4. Imaging Clinical Findings: Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation.



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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 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)