

MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: DECEMBER 26, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Shoulder EUA Diag Arthroscopy Debride SAD Mumford RCR SLAP 23120.

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

M.D., 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)

The requested service, OP Left Shoulder EUA Diag Arthroscopy Debride SAD Mumford RCR SLAP 23120, is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 12/4/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 12/5/12.
3. Notice of Assignment of Independent Review Organization dated 12/6/12.
4. Denial documentation dated 11/30/12, and 11/7/12.
5. Utilization Review Referral dated 11/2/12.
6. Imaging: MRI Left Shoulder without Contrast dated 2/22/12.
7. TTP – Orthopaedics Clinic: Diagnostic x-ray dated 7/23/12.
8. Medical Center: Radiologic Examination Shoulder dated 7/23/12.
9. Medical Center: Imaging report dated 4/30/12.
10. Medical Center: Emergency Department report dated 9/2/11.
11. Letter from MD dated 10/5/11.
12. Emergency Center notes dated 7/9/12, 5/15/12, 3/8/12, 11/10/11, and 10/6/11.
13. MD clinic notes dated 11/10/11.
14. Physician's Order dated 10/17/11.
15. Neurosurgical Associates, LLP clinical summary dated 5/7/12, and 4/4/12.
16. School of Medicine: Patient Intake Form dated 7/13/12.
17. Physicians clinic note dated 9/7/12, and 7/23/12.
18. MD clinic notes dated 9/7/12, and 7/23/12.
19. Texas Department of Insurance Report of Medical Evaluation dated 6/15/12.
20. MD designated doctor evaluation dated 6/22/12.
21. Medical Center: Physical therapy evaluation dated 8/12/12.
22. Letter from, Rehab, dated 9/7/12.
23. Rehab and Sports Medicine physical therapy notes dated 9/25/12, 9/20/12, 9/18/12, 9/13/12, 9/10/12, 9/5/12, 9/4/12, 8/30/12, 8/28/12, and 8/23/12.
24. Rehab and Sports Medicine physical therapy progress notes dated 9/27/12.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female with a date of injury of xx/xx/xx when she fell and struck the back of her head on the pavement. The patient's past medical history included anterior cervical discectomy and fusion in 2005. The patient presented to the emergency room on xx/xx/xx for the chief complaint of a head injury. There was no evidence of orthopedic trauma. She had a laceration occipitally. Her neck was non tender. The impression was a closed head injury, subdural hematoma and scalp laceration. On 10/5/11, the provider stated the scan showed resolution of the hemorrhage. A magnetic resonance imaging (MRI) of the left shoulder dated 2/22/12, revealed mild tendinosis of the supraspinatus tendon and moderate acromioclavicular joint degenerative change with a small acromioclavicular joint effusion. The patient was evaluated by neurosurgery on 4/4/12 for complaints of increased neck and left arm pain. There were no documented

physical examination findings. The provider's impression was left arm pain. The patient was to follow-up as needed.

Cervical spine x-rays dated 4/30/12 revealed degenerative change at C4-5 with minimal retrolisthesis on extension and improved on flexion. There were posterior osteophytes on a prior computed tomography (CT) scan. A C5-7 anterior fusion was noted. On 5/15/12, the patient was seen for complaints of headache, neck, bilateral shoulder pain and worsening left shoulder pain. There was cervical paraspinal tenderness upon examination. The provider's impression was persistent headache, neck, back and shoulder pain, for which Lortab, Flexeril and Skelaxin were recommended. A Designated Doctor's evaluation on 6/15/12 noted diagnoses of head contusion brain injury with residual vestibular dysfunction. The provider placed the patient at maximum medical improvement on 5/1/12.

The provider saw the patient on 7/23/12 for complaints of left shoulder pain. She had been going to therapy for her concussion. Her left shoulder flexion was to 135 degrees with discomfort past 100 degrees. There was tenderness over the acromioclavicular joint and suprascapular region. External rotation was to the cheek and internal rotation was to the greater trochlear area. The patient had weakness with drop arm test. X-rays of the left shoulder showed no acute bony abnormalities and marked degeneration involving the acromioclavicular joint. Left shoulder x-rays showed no fracture or dislocation and severe degenerative changes of the acromioclavicular joint. The provider stated the MRI report revealed a hypertrophic acromioclavicular joint and changes in the supraspinatus but no tear. The provider was unable to open the MRI. The diagnoses were left shoulder posttraumatic impingement syndrome, left shoulder acromioclavicular joint injury and left rotator cuff strain. Recommendations were for light duty and physical therapy.

The provider saw the patient on 9/7/12. The patient was taking Percocet, Gabapentin, Valium and Flexeril. She stated her left shoulder was bothering her quite a bit despite physical therapy and getting more motion. There was still a certain way that she could not move the arm because it affected her in terms of symptoms. Left shoulder active flexion was to 155 degrees with discomfort past 105 degrees. She had a positive Neer and Hawkins impingement signs, and tenderness over the acromioclavicular joint. She had a painful Speed test and 4+/5 strength on drop arm testing. Internal rotation and external rotation were very similar to the prior visit with pain at extremes. The diagnoses were a sustained work related injury to the left shoulder, left shoulder posttraumatic impingement syndrome, left acromioclavicular joint injury and left rotator cuff strain. The plan was for left upper extremity restrictions and surgery. The patient had completed 5 physical therapy visits on 9/7/12. It was noted that her pain was improving, although her main problem was pain at end range. By 9/15/12, she had completed another four visits. On 11/7/12, another provider had completed a peer review and opined imaging did not reveal any signs of rotator cuff tear or significant pathology and findings of mild tenderness of the supraspinatus tendon and moderate acromioclavicular joint degenerative change with a small acromioclavicular joint effusion.

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

The proposed procedure is typical for individuals with subacromial impingement and acromioclavicular joint pathology that is refractory to conservative care. The request also includes evaluation and treatment of labral pathology which in this setting, if present at all, would be degenerative, but would be part of a routine arthroscopic procedure.

Of note, the record suggests the patient has been diagnosed with an articular cartilage disorder of the shoulder. It appears from the most recent note from 9/7/12 that the patient was diagnosed with post-traumatic impingement and symptomatic left acromioclavicular joint pathology. There does not appear to be any discussion regarding chondral pathology.

In general, the evidence-based literature including ODG guidelines support this type of procedure for patients who have failed reasonable forms of conservative care. Typically in this setting, the standard of care includes a subacromial injection. It is unclear from the records provided whether the patient has been treated with a subacromial injection. Given the absence of documentation of adequate conservative care, the medical necessity of the proposed service is not established. Therefore, I have determined the requested OP Left Shoulder EUA Diag Arthroscopy Debride SAD Mumford RCR SLAP 23120 is not medically necessary for treatment of the patient's medical condition.

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 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 JUDGMENT, 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)**