

IRO REVIEWER REPORT TEMPLATE -WC

Independent Reviewers of Texas

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Notice of Independent Review Decision

[Date notice sent to all parties]:

January 4, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

APPEAL OP Lt shoulder Scope Debridement Distal Claviclectomy

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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:

MRI left shoulder dated 09/10/12

Clinical notes from dated 09/25/12 – 12/18/12

Physical therapy evaluation dated 10/08/12

Prior reviews dated 10/24/12 and 12/09/12

Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

LHL602. REV 05/12

The patient is a male who sustained an injury while lifting heavy weights over his head. The patient had complaints of left shoulder pain. MRI of the left shoulder completed on 09/10/12 revealed a small articular surface tear of the distal supraspinatus measuring 3 mm medial to lateral with tendinosis in the remainder of the supraspinatus tendon. Mild to moderate osteoarthritis and chondromalacia of the glenohumeral joint was present and there was slight posterior subluxation of the humeral head relative to the glenoid. The patient was seen with complaints of left shoulder pain that has become gradually worse. Physical examination at this visit revealed positive Neer and O'Brien's tests with pain on impingement maneuvers. No pain was present over the left acromioclavicular joint. The patient was recommended for physical therapy and anti-inflammatories with work restrictions. Follow-up on 10/16/12 stated that the patient did not improve and had continuing positive impingement signs as well as positive O'Brien's signs. The patient was recommended for arthroscopy to include subacromial decompression with repair of the rotator cuff. The patient had an injection to the subacromial space of the left shoulder on 11/06/12. Follow-up on 11/13/12 indicated that the patient had relief for approximately 2 days with return to baseline pain. The patient was again recommended for subacromial decompression with excision of the distal clavicle with or without repair of the rotator cuff. Follow-up on 12/18/12 stated that the patient continued to have pain in the left shoulder. The patient reported no benefits from physical therapy. The patient continued to have positive impingement signs per the report. Dr. XXXX opined that further physical therapy would not reasonably help the patient.

The request for left shoulder arthroscopy with debridement and distal claviclectomy was denied by utilization review on 10/24/12 as there was no documentation regarding temporary relief of pain with anesthetic injections.

The request was again denied by utilization review on 12/09/12 as there was a lack of documentation regarding prior conservative treatment to include physical therapy.

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

The requested left shoulder arthroscopic debridement with distal claviclectomy is not recommended as medically necessary based on the clinical documentation provided for review and current evidence based guidelines. The patient does appear to be a surgical candidate for decompression of rotator cuff impingement; however, the requested distal claviclectomy would not be supported as medically necessary. The patient's MRI studies do not reveal any evidence of significant osteoarthritis within the acromioclavicular joint. There is evidence of osteoarthritis within the glenohumeral joint; however, this would not be readily addressed with a partial claviclectomy. Given the absence of any significant osteoarthritis within the

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acromioclavicular joint, the patient does not meet current evidence based guidelines regarding a partial claviclectomy and medical necessity is not established.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Online Version, Shoulder Chapter

ODG Indications for SurgeryTM -- 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.