



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

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800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: June 19, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right shoulder acromioclavicular reconstruction with Allograft

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

Type of Document Received	Date(s) of Record
Office visit	
An adverse determination letter	04/10/2013
MRI of the right shoulder	04/30/2013
Office visit	05/13/2013
An adverse determination letter	05/16/2013
A letter for an IRO request for the denied services of "right shoulder acromioclavicular reconstruction with allograft"	05/31/2013
	06/10/2013

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who injured his right shoulder on xx/xx/xx while working. He was using equipment when a piece of an equipment spun around and hit him on his right arm and left leg. He was taken to Hospital where he had multiple skin grafts on his left leg. He had



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full recovery of his left leg injury. He was then seen on 04/10/2013 and reported pain in his right shoulder. reported that he had right AC joint instability and pain on right shoulder movement. reported that he reviewed the x-rays films of the right shoulder dated 01/09/2013 showed type III or IV right AC joint separation. further reported that medication and modification of activities helps relieving his right shoulder pain. Mr. has not had physical therapy. He had MRI of the right shoulder dated 05/13/2013 that showed Grade II-III AC joint separation, probable SLAP tear, and partial tear of biceps tendon. He then followed up and was recommended reconstruction of the AC joint.

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

The surgeon has documented subjective clinical findings with ongoing pain during adduction maneuvers and pain at night preventing sleep. The patient has prominence and tenderness over the AC joint on clinical exam, and he has radiographic findings on both x-rays and MRI demonstrating AC separation (Grade II vs III per MRI report).

The patient has undergone about 6 months of conservative treatments, which have included only medication and activity modifications according to documentation provided. He has not undergone a course of physical therapy, although the surgeon's notes document "stiffness, weakness, and loss of range of motion" as the predominant clinical complaints. In light of the patient's age and borderline radiographic findings for Grade II/III AC joint separation, I think that a trial of physical therapy would be greatly beneficial to see if the patient can avoid surgery altogether. The majority of Grade III AC separations can be successfully managed non-operatively, even in active individuals, as stated in the ODG. As this modality has not been pursued, I cannot conclude that an adequate attempt at conservative care has been attempted, and thus ODG criteria #1 has not been met. Therefore, I would tend to agree with the 2 previous reviewers in upholding the previous adverse determination.

ODG Indications for Surgery -- Acromioclavicular dislocation:

Not recommended, but if used anyway, Criteria for surgical treatment of acromioclavicular dislocation with diagnosis of acute or chronic shoulder AC joint separation:

1. Conservative Care: Recommend at least 3 months. Most patients with grade III AC dislocations are best treated non-operatively. PLUS
2. Subjective Clinical Findings: Pain with marked functional difficulty. PLUS
3. Objective Clinical Findings: Marked deformity. PLUS
4. Imaging Clinical Findings: Conventional x-rays show Grade III+ 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)