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Notice of Independent Review Decision

DATE OF REVIEW: June 30, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right shoulder manipulation under anesthesia with possible need for arthroscopic extensive debridement of adhesions (23700, 29825, 29823 and L3670).

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 right shoulder manipulation under anesthesia with possible need for arthroscopic extensive debridement of adhesions is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported a work-related on xx/xx/xx. The patient reportedly sustained an injury to the right shoulder, ultimately resulting in right shoulder arthroscopy with extensive debridement, acromioplasty and biceps tenodesis on 8/27/12. The patient was treated post-surgically with home exercise, 8 visits of physical therapy, medications, and a corticosteroid injection. The patient was evaluated on 2/8/13. It was noted that the patient continued to have

mild difficulty with overhead motions and reaching forward, but is able to work full duty. Physical findings included near full active and passive range of motion of the right shoulder with external rotation at 80 degrees and good motor strength in all planes. The patient was instructed to continue a home exercise program. The patient was again evaluated on 5/20/14 and it was documented that the patient had felt he had plateaued with treatment and continued to have pain with activity, especially forward flexion and abduction and was unable to reach overhead. The patient's medications included gabapentin and naproxen. Physical findings included active range of motion described as 0 degrees in external rotation, 90 degrees in abduction, 90 degrees in internal rotation, 100 degrees in forward flexion and 80 degrees in extension. The patient was diagnosed with adhesive capsulitis. The patient's treatment plan included manipulation under anesthesia followed by physical therapy.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Per the denial letter dated 6/16/14 the URA indicated that given the lack of formal physical therapy or a trial injection, the requested manipulation under anesthesia with possible need for arthroscopic extensive debridement of adhesions does not meet guideline criteria.

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

The Official Disability Guidelines (ODG) recommends manipulation under anesthesia for patients who have adhesive capsulitis after 3 to 6 months of formal treatment and persistent significantly restricted range of motion. The clinical documentation submitted for review indicates that the patient has been participating in a home exercise program since February 2013 and continues to have right abduction at 60 degrees; however, there is no documentation of any formal skilled physical therapy or corticosteroid injections since February 2013. The clinical note dated 2/8/13 indicated that the patient had previously benefitted from a corticosteroid injection and skilled physical therapy. As the patient has not received this type of conservative therapy for at least 3 months prior to the requested manipulation under anesthesia the requested intervention would not be supported. Additionally, the request includes consideration of surgical intervention for the adhesive capsulitis. Official Disability Guidelines do not support surgical intervention for this self-limiting condition as surgery is still considered under study and investigational. Therefore, the need for arthroscopic extensive debridement would not be supported by guideline recommendations. As such, the requested right shoulder manipulation under anesthesia with possible need for arthroscopic extensive debridement of adhesions is not medically necessary or appropriate. In accordance with the above, I have determined that the requested right shoulder manipulation under anesthesia with possible need for arthroscopic extensive debridement of adhesions (23700, 29825, 29823 and L3670) 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 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 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)**