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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/09/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right shoulder arthroscopy, distal clavicle excision, subacromial decompression

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is this reviewer's opinion that medical necessity for the requested right shoulder arthroscopy, distal clavicle excision, subacromial decompression has not been established at this time.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. The patient initially described pain, weakness, numbness, and tingling in the neck and upper extremities. The patient was initially seen on xxxxx. Physical examination noted tenderness to palpation at the acromioclavicular joint and glenohumeral joint of the right shoulder with noted swelling. There was a positive adduction test without evidence of instability. No evidence of labral pathology was identified. Stress testing of the supraspinatus did cause pain. No instability of the biceps tendon was appreciated. No weakness of the rotator cuff was identified. Radiographs of the right shoulder were negative for any acute pathology. The patient was prescribed anti-inflammatories and referred for physical therapy to improve rotator cuff strength. The patient did attend physical therapy through March of 2014. Follow up on 04/11/14 indicated the patient had continuing pain in the right shoulder with any lifting. On physical examination, there continued to be tenderness to palpation over the acromioclavicular and glenohumeral joint with associated swelling. The patient's physical examination findings were essentially unchanged. MRI studies of the cervical spine and right shoulder were ordered. MRI of the right shoulder dated 04/21/14 noted an intact rotator cuff without evidence of tendinosis. The biceps tendon also appeared intact. No subluxation of the long head of the biceps tendon was identified. No labral tearing within the glenoid was noted. There was no evidence for adhesive capsulitis. Mild acromioclavicular joint arthrosis was noted with cystic changes also considered mild. Follow up on 04/23/14 reported no change in symptoms despite physical therapy or the use of anti-inflammatories. Physical examination was essentially unchanged at this visit.

The requested right shoulder arthroscopy to include distal clavicle excision and subacromial decompression was denied by utilization review on 05/07/14 as there was no documentation regarding 3-6 months of conservative treatment or relief of pain with acromioclavicular joint injections. The patient did not meet either indication for distal clavicle excision or subacromial decompressions. MRI findings were negative for evidence of impingement.

The request was denied again by utilization review on 05/14/14 as MRI findings were unremarkable for substantial acromioclavicular joint arthrosis. There was no documentation regarding at least 3-6 months of conservative treatment or injections. There was no clear evidence of impingement on imaging or physical examination.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient presents with persistent right shoulder pain that has not improved with physical therapy or the use of over the counter anti-inflammatories. The patient's MRI findings for the right shoulder were essentially unremarkable. There was no evidence of any direct impingement of the rotator cuff with evidence of tendinosis or evidence of severe acromioclavicular arthrosis. The clinical documentation describes physical therapy; however, 3-6 months of conservative treatment has not been completed to date. The patient's physical examination findings were also relatively unremarkable for evidence of impingement or symptomatic acromioclavicular joint arthrosis. Given the limited findings on imaging studies as well as the lack of documentation regarding 3-6 months of conservative treatment, it is this reviewer's opinion that medical necessity for the requested right shoulder arthroscopy, distal clavicle excision, subacromial decompression has not been established at this time. Therefore, the prior denials are upheld.
A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM-AMERICA 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)