

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: manipulation under anesthesia of the left shoulder

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

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 the opinion of this reviewer that the request for manipulation under anesthesia of the left shoulder is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical note dated 09/26/12
Clinical note dated 11/02/12
Clinical note dated 12/12/12
Clinical note dated 12/19/12
Clinical note dated 01/09/13
Clinical note dated 01/18/13
Clinical note dated 01/28/13
Clinical note dated 02/28/13
Clinical note dated 04/05/13
MRI of the left shoulder dated 04/12/13
Clinical note dated 05/09/13
Operative note dated 08/01/13
Clinical note dated 08/05/13
Clinical note dated 10/14/13
Clinical note dated 10/15/13
Progress note dated 10/16/13
Progress note dated 10/17/13
Progress note dated 10/18/13
Progress note dated 10/21/13
Progress note dated 10/22/13
Progress note dated 10/23/13
Progress note dated 10/24/13
Progress note dated 10/28/13
Progress note dated 10/29/13

Progress note dated 10/31/13
Rehabilitation note dated 10/24/13
Rehabilitation note dated 10/25/13
Clinical note dated 10/31/13
Clinical note dated 11/18/13
Clinical note dated 01/29/14
Utilization reviews dated 11/05/13 & 10/16/12
Adverse determinations dated 11/26/13 & 12/05/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding his left shoulder. The clinical note dated 09/26/12 indicates the patient complaining of left shoulder pain. The patient was noted to have previously undergone treatment at the left elbow to include an ulnar nerve transposition and a medial epicondylectomy in 2010. The patient noted ongoing pain at the left shoulder. The clinical note dated 01/09/13 indicates the patient showing numbness in the media nerve distribution as well as weakness in the left hand. The clinical note dated 04/05/13 indicates the patient having complaints of a throbbing sensation at the left shoulder. The patient rated the pain as 5-6/10. Pain was exacerbated with overhead reaching. The MRI of the left shoulder revealed a full thickness tear of the supraspinatus and infraspinatus tendons. The clinical note dated 05/09/13 indicates the patient continuing with left shoulder pain. The patient was recommended for a surgical intervention to include a rotator cuff repair. The operative note dated 08/01/13 indicates the patient undergoing a left shoulder rotator cuff repair. The clinical note dated 11/18/13 indicates the patient having completed a full course of postoperative physical therapy for the left shoulder. The patient continued with complaints of left shoulder stiffness. The surgical incisions were noted to be clean, dry, and intact. The patient was able to demonstrate 130 degrees of flexion, 100 degrees of abduction, and 50 degrees of external and internal rotation. The clinical note dated 01/29/14 indicates the patient continuing with functional deficits associated with the left shoulder pain. The note mentions the patient utilizing Vicoprofen for ongoing pain relief.

The adverse determination dated 11/26/13 resulted in a denial for a manipulation under anesthesia at the left shoulder as the patient was able to demonstrate sufficient range of motion at the shoulder.

The adverse determination dated 12/05/13 resulted in a denial for a manipulation under anesthesia as the patient was able to demonstrate 130 degrees of flexion and 100 degrees of abduction at that time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation submitted for review elaborates the patient complaining of left shoulder pain despite a previous surgical intervention. Manipulation under anesthesia would be indicated at the shoulder provided the patient meets specific criteria to include significant functional deficits noted by clinical exam to include abduction of less than 90 degrees. The clinical notes indicate the patient able to demonstrate 100 degrees of abduction. Given the patient's capabilities to include abduction of greater than 90 degrees, this request is not indicated. As such, it is the opinion of this reviewer that the request for manipulation under anesthesia of the left shoulder is not recommended as medically necessary.

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)