IRO NOTICE OF DECISION TEMPLATE – WC

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Notice of Independent Review Decision

DATE: July 23, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Shoulder EAU, Diagnostic Arthroscopy with Debridement SAD, Mumford, Rotator Cuff Repair 23120, 29825, 29826

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is certified by the American Board of Orthopedic Surgery with over 42 years of experience.

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.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who sustained a traumatic brain injury as well as right upper extremity injury when he was involved in a collision with ejection while working on xx/xx/xx.

06/18/14: The claimant was evaluated (location of hospital not documented) and treated. Radiology studies demonstrated fracture to right mid shaft clavicle, fracture/dislocation of right wrist, perilunate dislocation of right wrist, capitate fracture, deformity of right scaphoid suggestive of scaphoid fracture, and fracture to elbow (capitate, lunate).

06/23/14: The claimant underwent I & D to the level of bone as well as open reduction and pinning of mid carpal dislocation.

11/21/14: MRI Right Shoulder report. IMPRESSION: Incompletely imaged fracture of the mid to distal third of the right clavicle. Intact rotator cuff.

12/22/14: The claimant was evaluated for evaluation of persistent right shoulder pain. Since his work-related injury, he had persistent right shoulder pain located primarily over his AC joint. It was worsened with overhead activities, and he did have some difficulty with movement of his right shoulder. It was noted that he had previously received a steroid injection, which provided no relief. His medications included Neurontin. On exam, there was no right

shoulder muscle atrophy noted. He had tenderness to palpation about the right AC joint as well as the bicipital groove. He had AATE to approximately 120 degrees. Pain with forward flexion beyond 120 degrees and able to passively "get the patient to 160 degrees." Abduction to 90 degrees. 5/5 strength with adduction. 4/5 strength with external and internal rotation. 4+/5 strength with drop arm. External rotation to ear and internal rotation to iliac crest. Positive Neer and Hawkins impingement sign test. Negative O'Brien's. 3 views of the right shoulder were reviewed and demonstrated some post-traumatic AC joint arthrosis as well as intact rotator cuff. It was noted that he was currently attending physical therapy and had not tried Voltaren gel. He was to continue physical therapy and was given Voltaren gel prescription.

01/26/15: The claimant was evaluated for continued right shoulder pain and stiffness despite physical therapy. On right shoulder examination, he had painful range of motion. The right shoulder was very stiff. It was noted in medical decision making that he was weak and stiff due to adhesive capsulitis despite physical therapy. ordered dynamic splinting but felt that he needed something further in the OR to break up scar tissue. He was to continue with rehab exercises but no vigorous usage involving his right upper extremity. He was placed on light duty.

01/26/15: Right shoulder x-rays report. IMPRESSION: Normal right shoulder.

03/10/15: Procedure report. POSTOPERATIVE DIAGNOSIS: Neck pain, right greater than left. PROCEDURE: Epidural steroid injection at C5-C6 and C6-C7 on the right side with injection of saline agent.

03/24/15: Operative note. POSTOPERATIVE DIAGNOSIS: Post-traumatic right frozen shoulder/adhesive capsulitis. PROCEDURE: Examination under anesthesia of right shoulder. Manipulation under anesthesia of right shoulder. Intra-articular injection of local anesthetic to right shoulder joint.

03/26/15: Reevaluation noted that the claimant's shoulder AROM in flexion and abduction was 140 degrees. Strength was 4/5 abduction, flexion, and IR with pain and 3/5 ER. He had attended 27 visits of physical therapy and returned for physical therapy s/p right shoulder MUA on 03/24/15. He had right shoulder pain with underlying joint dysfunction and muscle imbalance present. The plan was to continue for 4 weeks of physical therapy.

04/06/15: A note indicated that the claimant received 90% pain relief in the cervical spine after CESI on 03/10/15 but continued to have right shoulder pain.

04/13/15: The claimant was reevaluated. He stated that his motion was better following MUA but was still quite symptomatic, especially when trying to raise the right arm. On exam, AATE 155 degrees. He was tender over the AC joint. Negative Neer. Positive Hawkins impingement sign. It was noted that he was still symptomatic from impingement syndrome and AC joint injury. recommended continued rehab exercises. He was given a home program to do along with Voltaren gel focal local modalities and prescribed a pulley for use on his own to hasten his process recovery.

05/18/15: The claimant was reevaluated. With regard to his range of motion, he felt that he was doing well. He was able to do activities of daily living, and his motion was not an issue. He continued to complain of constant pain in his shoulder. He said that the pain was sharp and did not radiate. It was noted that the Voltaren gel was denied by worker's compensation and he did not obtain the pulley that was prescribed a previous visit. He was using a Dynasplint for 30 minutes 3 times per day. He had been doing home exercise program in addition to physical therapy. He rated his pain as 7/10. On exam, right upper extremity active abduction to approximately 110 degrees and forward elevation to 130 degrees. He had external rotation to occiput and internal rotation to L5. He had negative push-off test, negative Neer test, and positive Hawkins test. Positive cross-body adduction test, negative speed test, negative O'Brien test. He denied numbness and tingling in his hand. The plan was for operative treatment in the form of right shoulder scope. He was instructed to continue with home exercise program and ibuprofen for pain.

06/01/15: UR. RATIONALE: There is no cuff tear on MRI. There were MUA and injection. There is persistent impingement. There was 130 degrees of elevation. There was an improvement in motion per the doctor. There is no clinical indication for cuff repair given the patient's MRI and history. The request does not meet evidence-based

guidelines.

07/01/15: UR. RATIONALE: There was no cuff tear identified on the MRI and given no clinical indication for a cuff repair, the request did not meet evidence based guidelines. The medical records provided for my review did not document a response addressing the peer review concern of the lack of rotator cuff pathology supporting the requested rotator cuff repair. Therefore, the requested evaluation of the right shoulder under anesthesia with diagnostic arthroscopy, SAD, Mumford, and rotator cuff repair are not medically necessary.

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

The previous adverse decisions are upheld. There is no documentation submitted that would indicate a rotator cuff tear clinically or on imaging studies. The ODG require a diagnosis of a rotator cuff tear for a rotator cuff repair. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive. Imaging studies performed demonstrated no rotator cuff tear. The ODG criteria have not been met. Therefore, the request for Right Shoulder EAU, Diagnostic Arthroscopy with Debridement SAD, Mumford, Rotator Cuff Repair 23120, 29825, 29826 is not medically necessary.

ODG:

Diagnostic arthroscopy	Recommended as indicated below. **Criteria** for diagnostic arthroscopy (shoulder arthroscopy for diagnostic purposes): Most orthopedic surgeons can generally determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Shoulder arthroscopy should be performed in the outpatient setting. If a rotator cuff tear is shown to be present following a diagnostic arthroscopy, follow the guidelines for either a full or partial thickness rotator cuff tear. (Washington, 2002) (de Jager, 2004) (Kaplan, 2004) For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

Surgery for rotator cuff repair	**ODG Indications for Surgery™ -- Rotator cuff repair:** **Criteria** for rotator cuff repair with diagnosis of full thickness rotator cuff tear AND Cervical pathology and frozen shoulder syndrome have been ruled out: **1. Subjective Clinical Findings:** Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. PLUS **2. Objective Clinical Findings:** Patient may have weakness with abduction testing. May also demonstrate atrophy of shoulder musculature. Usually has full passive range of motion. PLUS **3. Imaging Clinical Findings:** Conventional x-rays, AP, and true lateral or axillary views. AND MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff. **Criteria** for rotator cuff repair OR anterior acromioplasty with diagnosis of partial thickness rotator cuff repair OR acromial impingement syndrome (80% of these patients will get better without surgery.) **1. Conservative Care:** Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS **2. Subjective Clinical Findings:** Pain with active arc motion 90 to 130 degrees. AND Pain at night (Tenderness over the greater tuberosity is common in acute cases.) PLUS **3. Objective Clinical Findings:** Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS **4. Imaging Clinical Findings:** Conventional x-rays, AP, and true lateral or axillary view. AND MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff. (Washington, 2002)

	For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

Partial claviculectomy (Mumford procedure)	See Surgery for shoulder dislocation for more information and references. **ODG Indications for Surgery™ -- Partial claviculectomy:** **Criteria** for partial claviculectomy (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.

Surgery for impingement syndrome	**ODG Indications for Surgery™ -- Acromioplasty:** **Criteria** for anterior acromioplasty with diagnosis of acromial impingement syndrome (80% of these patients will get better without surgery.) **1. Conservative Care:** Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS **2. Subjective Clinical Findings:** Pain with active arc motion 90 to 130 degrees. AND Pain at night. PLUS **3. Objective Clinical Findings:** Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS **4. Imaging Clinical Findings:** Conventional x-rays, AP, and true lateral or axillary view. AND MRI, ultrasound, or arthrogram shows positive evidence of impingement. (Washington, 2002)

IRO REVIEWER REPORT TEMPLATE -WC

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)