



Bridgepoint I, Suite 300  
5918 West Courtyard Drive • Austin, TX 78730-5036  
Phone 512-329-6610 • Fax 512-327-7159 • www.tmf.org

Notice of Independent Review Decision

**DATE OF REVIEW:** August 6, 2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

DX Shoulder Arthroscopy (CPT 29805)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The TMF physician reviewer is a board certified Orthopedic Surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

**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 or not medical necessity exists for each of the health care services in dispute.

It is determined that a DX Shoulder Arthroscopy (CPT 29805) is not medically necessary to treat this patient's medical condition.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured worker is a xx who suffered a direct blow injury to the left shoulder in a trip and fall accident on xx/xx/xx. Previous treatment includes arthroscopic debridement of a labral tear in 2011. The patient was treated with post-operative physical therapy. She has suffered persistent pain and a diagnosis of reflex sympathetic dystrophy has been made. Temporary relief was obtained from sympathetic blocks. An MRI scan on 7/30/15 revealed bursitis, positive

subacromial spur formation, and minimal supraspinatus and infraspinatus tendonopathy without rotator cuff tear. The patient suffers painful diminished range of motion and generalized shoulder girdle muscular weakness with a positive drop arm test. A request to preauthorize diagnostic arthroscopy and inject platelet rich plasma was considered and denied.

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

This patient suffers pain that is intermittent and associated with diminished range of motion. The pain has variable intensity and is temporarily relieved by sympathetic ganglion blockade. Platelet rich plasma injection is not a recommended procedure in this case. Unfortunately, arthroscopic surgery of the shoulder in the face of reflex sympathetic dystrophy has high potential for less than good or excellent result. The prior denials of this request to preauthorize diagnostic arthroscopy and platelet rich plasma injection were appropriate and should be upheld.

**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)

**Disclaimer language:**

*NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES*

*With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov).*