

True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Left shoulder manipulation under anesthesia

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)

Patient Clinical History (Summary)

The patient is a male who sustained a left shoulder injury on xx/xx/xx when he fell. The patient did require a complex rotator cuff repair, SLAP repair, and subacromial decompression with synovectomy and debridement completed on 04/10/15. The patient did attend a substantial amount of postoperative physical therapy. The report on 07/02/15 noted the patient still had difficulty with range of motion in the left shoulder due to pain and stiffness. The patient's physical examination did note limited forward flexion and abduction to 60 degrees and 30 degrees respectively. Passively, the patient could obtain 80 degrees forward flexion and 40 degrees abduction. The patient did continue with physical therapy through 07/27/15. Per this last therapy assessment, range of motion was still limited to 110 degrees actively and 140 degrees passively. Strength testing was still deferred due to doctor instructions.

The requested left shoulder manipulation was denied by utilization review on 07/10/15 as the patient had not failed postoperative conservative treatment for at least 3-6 months.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

In review of the clinical records, the patient still has persistent loss of range of motion in the left shoulder which has continued for almost 5 months. The patient has had an extensive amount of postoperative physical therapy with continuing restriction on range of motion. The patient's active abduction as of 07/27/15 was 85 degrees and passively to 105 degrees. Although the patient has increased overall range of motion, there is still a substantial amount of deficit despite an extensive amount of physical therapy. At this point in time, given the patient's active and passive restrictions on abduction and forward flexion of the left shoulder, manipulation under anesthesia at this point in time would be reasonable and medically necessary per guideline recommendations. Therefore, it is this reviewer's opinion that the requested manipulation under anesthesia to the left shoulder be certified as medically necessary and the prior denials are overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)