



MedHealth Review, Inc.

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DATE NOTICE SENT TO ALL PARTIES: 12/3/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a right shoulder open distal clavicle resection.

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

The reviewer is a Doctor of Osteopathy who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a right shoulder open distal clavicle resection.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a female with right shoulder pain, reportedly following a lifting injury on XX/XX/XX. She has had treatment with oral medications, extensive physical therapy and acromioclavicular injections. MRI evaluation on 12/13/2013 indicated no rotator cuff tear and no labral tear. There was evidence of mild subacromial bursitis and "minimal" hypertrophic degenerative changes of the AC joint." An arthroscopic, subacromial decompression was performed on 4/30/2014. Subsequent physical therapy and joint injections afforded partial and temporary relief of pain. The claimant is complaining of continued pain and requires narcotic

pain medication for pain control. An open distal clavicle resection is recommended by the treating surgeon.

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

ODG in its “Shoulder (Acute and Chronic)” chapter allows for partial claviclectomy when there is a diagnosis of AC joint arthritis if there has been at least 6 weeks of conservative care, pain at the AC joint with shoulder motion and with tenderness at the joint and/or pain relief with injection of anesthetic agents. All of these criteria have been met in this case. ODG goes on to recommend EITHER post-traumatic changes of the AC joint OR severe DJD of the joint. Previous reviews have focused on the absence of severe DJD, while ignoring the fact that there are in facet post-traumatic changes of the AC joint, albeit mild. The other criteria having been met and described above, the procedure requested meets ODG Guidelines for medical necessity.

ODG, “Shoulder (Acute & Chronic)” Chapter; Partial claviclectomy) Mumford Procedure

ODG Indications for Surgery-- Partial claviclectomy:

Criteria for partial claviclectomy (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.

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)