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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/29/2015

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:

DME Shoulder Flexionater

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 female who reported an injury to her left shoulder. No description of the initial injury was provided. The clinical note dated 02/09/15 indicates the patient continuing with complaints of left shoulder pain. Upon exam, pain was elicited with elevation over 90 degrees. There is tenderness identified at the Codman's point. The clinical note dated 04/20/15 indicates the patient having undergone a surgical intervention at the left shoulder that included a subacromial decompression on 03/24/15. The patient stated that she was unable to increase her range of motion at that time. The patient was able to demonstrate 81 degrees of left shoulder flexion, 27 degrees of extension, 73 degrees of abduction, 27 degrees of adduction, 13 degrees of internal rotation and 48 degrees of external rotation. The clinical note dated 04/22/15 indicates the patient continuing with post-op related pain at the left shoulder. There is an indication the patient was undergoing physical therapy at that time. The note indicates the patient continuing with range of motion deficits throughout the left shoulder. The clinical note dated 05/12/15 indicates the patient continuing with range of motion deficits. The clinical note dated 05/08/15 indicates the patient able to demonstrate 52 degrees of external rotation and 75 degrees of abduction. There is an indication the patient had demonstrated a failure of conservative therapies in the postoperative setting. The utilization reviews dated 04/30/15 and 05/14/15 resulted in denials for the use of the ERMI shoulder flexinator as insufficient information has been submitted in peer-reviewed literature supporting safety and efficacy in the use of the device.

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

The documentation indicates the patient continuing with range of motion deficits throughout the left shoulder in spite of the previous surgical intervention. Currently no high-quality studies exist supporting the use of the shoulder flexionator. There is an indication that studies are continuing with findings consistent with adhesive capsulitis; however, no studies have been completed confirming the safety and efficacy of the use of the device. Without high-quality study results having been published in peer-reviewed literature supporting the safety and efficacy of the use of a shoulder flexionator, this request is not indicated as medically necessary as the device appears to be investigational at this time. As such, it is the opinion of this reviewer that the shoulder flexinator 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 and Environmental Medicine um
- knowledgebase AHCPR-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)