

# **Applied Resolutions LLC**

**An Independent Review Organization**

**Phone Number:**  
**(817) 405-3524**

**900 N Walnut Creek Suite 100 PMB 290  
Mansfield, TX 76063**

**Email: [appliedresolutions@irosolutions.com](mailto:appliedresolutions@irosolutions.com)**

**Fax Number:**  
**(817) 385-9609**

**Case Number:**

**Date of Notice:** 11/11/2015

## **Review Outcome:**

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

Anesthesiology

## **Description of the service or services in dispute:**

Recon joint injection with ultrasound guidance

**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 reported an injury to his right shoulder on xx/xx/xx. The clinical note dated indicates the patient having been prescribed the use of pharmacological interventions to address the ongoing right shoulder pain. The patient described the right shoulder pain as a sharp sensation which was exacerbated with specific movements. Radiating pain was identified into the biceps and into the elbow. The MRI of the right shoulder dated revealed a full thickness tear of the anterior half of the supraspinatus tendon. Degenerative changes were also identified at the AC joint. The clinical note dated indicates the patient continuing with right shoulder pain. The note indicates the patient utilizing Norco and Gabapentin for ongoing pain relief. There is an indication the patient's past medical history is significant for right shoulder and back surgeries. The patient reported minimal side effects with the ongoing use of Norco. The clinical note indicates the patient able to complete his activities of daily living without difficulty despite the ongoing right shoulder pain. The patient reported progressive levels of pain over the previous several weeks. Motor and sensory exams revealed intact findings in the upper extremities. Pain was exacerbated when reaching behind his back. The note indicates the patient having been prescribed the use of Tylenol #3 as well as Meloxicam. The clinical note dated indicates the patient had been recommended for an injection at the right shoulder.

The utilization reviews resulted in denials as insufficient information had been submitted regarding the patient's clinical symptoms demonstrating a likely benefit to a steroid injection at the right shoulder. Additionally, no information was submitted regarding the patient's completion of any therapeutic interventions outside of the use of prescribed medications.

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

The documentation indicates the patient complaining of ongoing right shoulder pain. The use of steroid injections at the shoulder is indicated for patients with findings consistent with adhesive capsulitis, impingement syndrome, or rotator cuff problems where the pain is not controlled by conservative treatments. There is an indication of a rotator cuff tear confirmed by the imaging studies. However, no information was submitted regarding the patient's objective functional deficits determined by clinical exam. Furthermore, no information was submitted regarding the patient's previous involvement with any therapeutic interventions

outside of opioid and non-steroidal medications. Given the lack of information regarding the patient's previous completion of any therapeutic interventions and taking into account the lack of objective functional deficits at the right shoulder, the request is not indicated. As such, it is the opinion of this reviewer that the request for a joint injection with ultrasound guidance at the right shoulder 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)