

# True Decisions Inc.

An Independent Review Organization

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## Notice of Independent Review Decision

Case Number:

Date of Notice: 05/23/2016

### 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:

Right shoulder arthro distal clavicle  
Right wrist ECTR

**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 on XX/XX/XX. The mechanism of injury was a fall. Her diagnoses were noted to include lesion of ulnar nerve, right upper limb; other cervical disc degeneration, unspecified cervical region; and anterior dislocation of right sternoclavicular joint, initial encounter. In the clinical note dated XX/XX/XX, the treating physician indicates that the patient was initially seen in office on XX/XX/XX and was diagnosed with a right shoulder referred pain from right cervical radiculopathy, right sternoclavicular joint, chronic anterior dislocation, right ACJ pain, impingement, and right cubital tunnel syndrome. It was noted that a CT scan was ordered and confirmed anterior dislocation of the sternoclavicular joint. An EMG/NCS study was performed and was noted to reveal right carpal tunnel syndrome. The treating provider also indicated that a right subacromial injection and ACJ injection were performed on XX/XX/XX, was for diagnostic and therapeutic purposes, and moderate improved the pain emanating from the ACJ and the impingement. The treating provider indicated that the patient had right axillary pain that awoke her at night, with numbness of the right arm to the ulnar and ring fingers. The treating provider also indicated that the patient attended therapy for 2 months, with no improvement in pain.

During the assessment on XX/XX/XX, the patient complained of numbness from the lateral aspect of her shoulder that radiated down the wrist. The patient rated her right shoulder pain a 5/10. It was noted that the patient's past treatments included oral medication, physical therapy, and injections. The patient reported that oral medication and injections helped the symptoms. The physical examination performed on XX/XX/XX revealed grip strength on the right at 40 pounds. Range of motion testing of the right shoulder revealed active elevation of 110 degrees, passive elevation of 140 degrees, passive external rotation of 80 degrees, passive external rotation in abduction of 80 degrees, and passive internal rotation in abduction of 60 degrees. Right sided strength revealed 4+/5 in supraspinatus manual power, infraspinatus manual motor power, and subscapular manual motor power. There was positive tenderness at the trapezius, but negative at the AC joint. There was positive guarding and cross body test. There was 90 degrees impingement. The

O'Brien's test was negative for neutral impingement, with 60 degrees impingement, Yergason's test, and Speed's test on the right side. The physical examination of the wrist revealed normal findings. The MRI of the right shoulder, performed on XX/XX/XX, was noted to reveal a type 2 acromion with fibrous capsular hypertrophy superiorly at the acromioclavicular joint with an 8 mm partial tear involving the articular end undersurface of the distal supraspinatus.

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

Per the Official Disability Guidelines, surgery for impingement syndrome is recommended after at least 3 to 6 months of conservative care. There must be subjective clinical findings of pain with active arc motion 90 to 130 degrees and documented pain at night. Objective clinical findings should include weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement signs, with temporary relief of pain with anesthetic injections. There must also be positive evidence of impingement found on imaging studies. Carpal tunnel release surgery is recommended after an accurate diagnosis of moderate or severe carpal tunnel syndrome. Physical examination findings include positive Phalen's and Tinel's signs with a decreased 2 point discrimination. Initial conservative treatment must include 1 month of activity modification, 1 month of night wrist splinting, nonprescription analgesic medication, and a successful initial outcome for corticosteroid injections. There must also be an accurate diagnosis from positive electrodiagnostic testing. I received additional clinical documentation to include electrodiagnostic studies dated XX/XX/XX which focused on the right upper extremity. The results stated prolonged median sensory latency on the right with unobtainable right median F wave, no evidence of denervation. Lastly, findings corroborated with carpal tunnel on the right with no evidence of superimposed cervical radiculopathy or other peripheral nerve injury. I also received MRI reports of the right shoulder dated XX/XX/XX and of the cervical spine dated XX/XX/XX. The right shoulder MRI identified findings consistent with an 8mm partial tear involving the articular and undersurface of the distal supraspinatus with mild tendinosis of the distal supraspinatus tendon. The patient also had a type II acromion with fibrous capsular hypertrophy superiorly at the acromioclavicular joint with the supraspinatus outlet maintained. On the MRI of the cervical spine, the impression was of a bulging disc with a 2mm central/right paracentral disc protrusion at C5-6, a bulging disc with a 2mm left paracentral protrusion at C6-7 and findings suggesting muscle sprain/strain.

The physical examination revealed severe cross body tenderness and impingement on the right side. The treating provider indicated that the patient had attended physical therapy for 2 months with no improvement in pain. It was noted that the patient reported right axillary pain that awoke her at night, with numbness to the right arm to the ulnar ring and small fingers. Although there was clear evidence of impingement found on physical examination, there remained a lack of documentation regarding 3 to 6 months of conservative care treatment directed toward gaining full range of motion. As such, the requested right shoulder surgical procedure is not supported.

The records provided indicated that a nerve conduction and EMG report, dated XX/XX/XX revealed findings consistent with right carpal tunnel syndrome. There was noted decreased grip strength on the right at 40 pounds compared to the left at 70 degrees. However, the most recent physical examination provided for review, dated XX/XX/XX, noted normal findings in the wrist examination. There was also a lack of adequate information regarding conservative treatment the patient had attempted for the right wrist. As such, the requested right wrist endoscopic carpal tunnel release surgery is not supported.

Based on the information provided for review and the guidelines referenced, the decision to deny the right

***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)