



**MEDICAL EVALUATORS
OF TEXAS** ASO, LLC.

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: April 27, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of right AC joint reconstruction with hamstring Autograft Augmentation (procedure codes 23552 and 29805).

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

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicing in the state of Texas.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a male who injured his right shoulder on XX/XX/XX when he fell off of a X at work and landed on a rock. The claimant had x-ray of the right clavicle on XX/XX/XX at XX that revealed no clavicular fracture and a type 2-3 acromioclavicular joint separation. The claimant has been previously treated with medications and physical therapy with no improvement in his symptoms.

A repeat x-ray of the right shoulder was performed on XX/XX/XX at XX that revealed AC joint separation involving the right AC joint with marked elevation of the distal clavicle in relation to the acromion. No evidence of fracture identified. The glenohumeral joint was otherwise intact.

A most recent follow up note by XX documented that the claimant still has discomfort in his right shoulder, 7/10 in intensity and waxes and wanes in severity. The quality of pain was described as aching and radiating into the upper arm. The discomfort interferes with sleep and present at rest and aggravated by activities of daily living. It continued to interfere with ability to do his job and any overhead or activities across or away from the body. He did PT and still continued to have symptoms and gross instability of the right AC joint. Physical examination of the right shoulder revealed grade 5 AC separation, full range of motion, and 4/5 strength of supraspinatus, internal rotation, and external rotation. The AC joint did not reduce with shoulder shrug and with cross body adduction the clavicle goes above and behind the acromion. XX assessment was right shoulder pain and right grade 5 AC separation. XX recommended right AC joint reconstruction with hamstring autograft augmentation.



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Prior UR dated XX/XX/XX denied the request of coverage for right acromioclavicular joint reconstruction with hamstring autograft augmentation. It was noted that while a surgical intervention is considered for acromioclavicular joint dislocation, updated imaging studies of the right acromioclavicular joint were still not submitted indicating a grade 3 or higher separation to warrant the requested surgery.

On XX/XX/XX, a request was made to send the films/CD for the x-rays of the right shoulder. On XX/XX/XX, a CD was received of the films of the x-rays of the right shoulder performed on XX/XX/XX at XX that showed grade 5 AC separation.

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

After review of the submitted medical records, I recommend overturning the previous denial. This claimant sustained right shoulder injury and had an initial x-rays of the right shoulder that showed grade 2-3 AC joint separation. The subjective complaints include right shoulder pain that interferes with ADLs and work activities. The claimant has tried and failed conservative care including medications and physical therapy. Physical exam documented by the claimant's treating provider, XX, revealed grade 5 AC joint separation; 4/5 strength in supraspinatus, internal rotation, and external rotation, and clavicle goes above and behind the acromion on cross body adduction test. Reviewing the films of the updated x-rays of the right shoulder performed on XX/XX/XX indicates the findings are consistent with grade 5 acromioclavicular separation, which meets the ODG requirement of grade 3 plus separation on conventional x-rays. As such, this claimant has met all the criteria of ODG for surgical treatment of acromioclavicular joint separation.

Based on the ODG recommendation as well as the clinical documentation stated above, the requested procedure of right AC joint reconstruction with hamstring autograft augmentation is medically necessary and appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

**Shoulder (Acute & Chronic) – Online Version
Surgery for AC joint separation**

Not recommended. Patients with AC joint separation may be treated conservatively. The expected period of pain is three weeks, with the pain gradually decreasing. If pain persists after recovery and return to activities, resection of the outer clavicle is sometimes done after six months to one year, although local cortisone injections can be tried. Conservative treatment of AC dislocations is 21% more likely to result in a satisfactory outcome than surgical treatment, and the need for additional surgery is 7.4 times more likely and infection is 3.2 times more likely with surgical management. Patients with surgical treatment also reported longer time to return to work. (Hootman, 2004)

ODG Indications for Surgery – Acromioclavicular dislocation:



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Not recommended, but if used anyway, Criteria for surgical treatment of acromioclavicular dislocation with diagnosis of acute or chronic shoulder AC joint separation:

1. Conservative Care: Recommend at least 3 months. Most patients with grade III AC dislocations are best treated non-operatively. PLUS
2. Subjective Clinical Findings: Pain with marked functional difficulty. PLUS
3. Objective Clinical Findings: Marked deformity. PLUS
4. Imaging Clinical Findings: Conventional x-rays show Grade III+ separation.

[wi]

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.