

# IRO Express Inc.

An Independent Review Organization

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## ***Notice of Independent Review Decision***

### **IRO REVIEWER REPORT**

**Date:** 8/1/2018 4:00:27 PM CST

**IRO CASE #:** XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Right shoulder arthroscopy manipulation under anesthesia with possible lysis of adhesion

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

### **REVIEW OUTCOME:**

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

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Overturned           | Disagree                       |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld    | Agree                          |

**PATIENT CLINICAL HISTORY [SUMMARY]:** This case involves a now XX with a history of an occupational claim from XX. The mechanism of injury is detailed as repeatedly XX. The patient underwent a closed manipulation under general anesthesia, endoscopic rotator cuff repair, labral debridement, synovectomy of glenohumeral joint, subacromial decompression with revision acromioplasty revision excision of the distal clavicle on XX. An MRI of the right shoulder on XX, documented a prior rotator cuff repair, a moderate grade, partial-thickness, articular sided versus interstitial tear of the right subscapularis tendon, severe tendinosis of the proximal long head of the right biceps tendon, mild glenohumeral chondrosis with partial thickness chondrosis along the medial humeral head with mild osteophyte formation, degenerative tearing of glenoid labrum, severe AC degenerative arthrosis, and mild right subacromial subdeltoid bursitis. The office visit note on XX documented the patient was having significant difficulty with abduction of the shoulder. The patient was status post rotator cuff arthroscopy on XX had multiple physical therapy sessions since that time. The patient was unable to actively abduct about 70° and forward flex past 110°. According to the physician, the patient has frozen shoulder and adhesive capsulitis and was not improving after multiple physical therapy. The treatment plan included manipulation under anesthesia and arthroscopic lysis of adhesions to the right shoulder.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

According to the provided documentation, the patient underwent extensive surgery to the right shoulder on XX. It was documented that the patient had significant difficulty with abduction of the shoulder since surgery and the patient has had physical therapy with continued symptoms. The patient was able to actively abduct to 70° and forward flex to 110°. This request was previously denied given there was limited objective findings to suggest

significant pathology deficits to the right shoulder and there was no evidence the patient has exhausted all postoperative treatment before consideration of additional surgery. The submitted documentation still did not provide evidence the patient has exhausted all postoperative treatment before consideration of the requested surgical procedure for this patient. Further clarification is needed to determine the medical necessity of this request. Based on the above documentation, the requested Right shoulder arthroscopy manipulation under anesthesia with possible lysis of adhesions is not medically necessary in the review outcome is upheld.

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder Chapter, Manipulation under anesthesia (MUA)