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An Independent Review Organization

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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right shoulder EUA, diagnostic arthroscopy, debridement-chondroplasty, synovectomy, slap labral reconstruction, mumford, subacromial decompression-acromioplasty

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

Orthopedic 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 Overtuned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as, the patient injured XXXX. The current diagnosis is documented as impingement syndrome of right shoulder. The patient underwent MRI of the right shoulder on XXXX, which was noted to reveal tendinosis of the anterior and posterior supraspinatus tendon with intermediate grade partial articular surface tear of the anterior supraspinatus tendon at the attachment to the anterior facet; mild tendinosis of the infraspinatus tendon; mild tendinosis of the subscapularis tendon; moderate tendinosis of the vertical and horizontal portions of the long biceps tendon; probable partial tear of the vertical portion of the long biceps tendon; small nondisplaced SLAP tear of the superior labrum; mild osteoarthritis of the acromioclavicular joint. The patient underwent an x-ray of the right shoulder on XXXX, which was noted to reveal no fracture or dislocation; right acromioclavicular joint intact; acromion smooth and regular. During the assessment on XXXX, the patient complained of significant right shoulder pain. XXXX rated XXXX pain as 7/10. The patient reported that XXXX pain was improved with immobilization worsened by movement and direct palpation. The patient reported that 4 sessions of physical therapy made the pain worse. XXXX denied paresthesias or pain radiation. The physical examination of the right shoulder revealed tenderness to palpation at the acromioclavicular joint, biceps tendon and posteriorly. There was no scapular dyskinesis noted. Range of motion testing revealed forward flexion 160°, abduction 160°, external rotation to the top of the head and internal rotation to the lower back. The Hawkins test, Jobs empty can test, O'Brien's test, speeds test and cross body adduction test caused pain. The patient underwent injection to the right shoulder while in the office. During the assessment on XXXX, the patient complained of continued, persistent right shoulder pain. The patient reported that the steroid injection into the right shoulder "did not help that much for that long." The patient reported that the use of ibuprofen relieved the pain "somewhat" and Voltaren gel did not work. The patient reported that XXXX pain was worse when XXXX tried to use the arm away from XXXX body, overhead or reaching behind XXXX. The patient reported associated tingling down to the fingertips. The physical examination of the right upper extremity revealed painful, limited range of motion. There was tenderness to palpation over the acromioclavicular joint. The cross-body adduction

test, Neer's and Hawkins tests were positive. The speeds test was painful. There was 4+/5 strength with drop arm test. External rotation was to the scapular spine, and internal rotation was to the lumbosacral junction with discomfort at extremes. The patient was noted to have failed nonoperative treatment with physical therapy, steroid injection, medication and local modalities, and continued to be symptomatic, with interference with XXXX activities of daily living, work duties and recreational activity. Surgical intervention was discussed and recommended. Medical clearance was recommended prior to surgical intervention.

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

The records provided for review indicate that the patient had undergone 4 sessions of physical therapy, which made the pain worse, and reported that the steroid injection into the right shoulder did not help. The physical examination revealed painful, limited range of motion, positive provocative testing and 4+/5 strength with drop arm test. The MRI provided for review was dated XXXX, and was noted to reveal tendinosis of the supraspinatus, infraspinatus and subscapularis tendon; moderate tendinosis of the vertical and horizontal portions of the long biceps tendon; a probable partial tear of the vertical portion of the long biceps tendon; a small nondisplaced SLAP tear of the superior labrum and mild osteoarthritis of the acromioclavicular joint. A more recent imaging study of the right shoulder was not provided for review to confirm continued pathology to support the requested surgical procedures. There was a lack of documentation to include more recent clinical notes or evidence of attempted nonoperative treatment with prior physical therapy, as no physical therapy records were submitted for review. Although the patient's symptoms correlate with pathology to support the requested surgical procedures, documentation of a more recent physical examination, prior physical therapy records and a more recent imaging study is required prior to considering surgical intervention at this time.

Due to lack of pertinent/recent documentation, the requested surgical procedure is not considered medically necessary and the previous denial is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

1. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder, Diagnostic arthroscopy
2. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder, Surgery for SLAP lesions

3. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder, Partial claviclectomy (Mumford procedure) 4. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder, Surgery for impingement syndrome