

Notice of Independent Review Decision
Amended and Sent on 7/16/2018

DATE OF REVIEW: 7/11/2018

Date of Amended Decision: 7/16/2018

IRO CASE # XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

"ERMI Shoulder flexionator, daily rental, right shoulder, per XXXX order, QTY 30" for the patient.

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

M.D. Board Certified in Orthopedic Surgery and Sports Medicine

REVIEW OUTCOME

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 XX XX who sustained a work-related injury to XX right shoulder on XX. XX underwent surgery XX for a rotator cuff repair and subacromial decompression with acromioplasty. At XX post op visit on XX, there is a recommendation for ERMI flexionator to help with XX decreased ROM. This request has been denied twice previously. The persistent pain and decreased ROM were documented in the progress notes to be continuing in XX and XX of XX despite physical therapy. Per XX last progress note on XX, though, XX appeared to be doing much better and was improving; XX was progressed to a home exercise program and released to work without restrictions. No ROM measurements were listed at this time, with the last ROM documentation from a PT report in XX.

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

Per ODG references, the requested "ERMI Shoulder flexionator, daily rental, right shoulder, per XX order, QTY 30" is not medically necessary. Per the ODG guidelines, for a shoulder flexionator it may be considered in adhesive capsulitis as an adjunct to PT if the patient has not shown improvement with 6 weeks of PT and continues to have pain, stiffness, and decreased ROM. In this case, the patient is not diagnosed with adhesive capsulitis in any of XX notes so does not meet the diagnostic criteria. It also appears, per XX most recent notes, that XX has improved with PT and is doing better to the point that XX has been released to a home exercise program and released to return to work without restrictions. Therefore, it would appear the requested DME is no longer needed. For these reasons, the current request for the ERMI shoulder flexionator use is not medically necessary.

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

AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES



ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES