

January 9, 2004

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TWCC Medical Dispute Resolution
MS-48
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MDR Tracking #: M2-04-0602-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Orthopaedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The injury occurred in a bathroom at work, where ___ reported a slip and fall, sustaining multiple injuries including her neck, back, left shoulder and left elbow. At the time of the injury she was 56 years old. An MRI performed on 7/10/03 summarizes mild AC joint arthropathy with mild medial outlet narrowing, mild tendonosis of the rotator cuff without tears, increased signal with slight effacement of the subdeltoid bursa, which could be on the basis of mild bursitis, mild bicipital tenosynovitis. Since the date of injury this patient had been treated by ___, the treating chiropractor, was evaluated by ___, a spine surgeon, and ___, an orthopaedic surgeon who has requested this review. ___ has denied any prior shoulder problems to the injury. It is unknown her history prior to this fall.

REQUESTED SERVICE

Left shoulder decompression surgery is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

___ has authored a letter of concern regarding the denial of surgery. He expressed concern that the reviewing physician failed to comment on the failed conservative management, that included anti-inflammatories, analgesics, chiropractic care and injections. ___ went on to report that he knows of no other objective testing available to confirm the presence of impingement syndrome, other than what has already been done, and asked the carrier to provide specific indication on what type of other medical documentation would satisfy the criteria for subacromial decompression. ___ also pointed out that he didn't know the specialty of the reviewer.

On 6/18/03, ___ reported that this patient's shoulder had diminished range of motion with normal x-rays. There was no discussion regarding a thorough physical examination of the shoulder that suggested impingement, drop arm, apprehension, Yergason, strength on rotation, (external or internal), passive versus active range of motion, etc.

- On a follow up visit on 6/23/03, ___ reported an injection to the elbow, but there was no documentation of a physical examination to the shoulder.
- On a follow up visit on 7/18/03 ___ reported minimal movement of the shoulder. There is no documentation of a full shoulder examination.
- On a follow up visit on 8/15/03 ___ reported that the shoulder had 50% range of motion and a tender rotator cuff. He also speculated that the patient would never return to full work. There is no discussion where range of motion was documented active or passive.
- On a follow up visit 10/10/03 ___ reported diminished range of motion of the shoulder and recommended surgery.

It should be noted on 10/01 ___ recommended no surgical management regarding the spinal condition of this patient, due to the observation that the symptoms were magnified. ___ expressed concerns that the reviewing physician on the preauthorization process did not address the conservative care, in regard to chiropractic, injections, analgesics, etc. However, in review of the chiropractic notes there is reported diminished range of motion, not clarified to be active versus passive. The focus of the chiropractic treatment appeared to be more spinal than extremities. ___ reported that the patient had injections; however, the records submitted for perusal documented no injections to the shoulder. There was one injection documented to have been performed to the elbow as stated on 6/23/03.

Many Orthopaedic surgeons who participate in the care of the injured worker and/or athlete, would typically document a thorough physical examination and findings to the shoulder regarding x-rays, and the type of acromion on the outlet view type I, II or III. There would be discussion regarding tenderness of the bicipital groove, the tuberosity, and joint line. There would be discussion regarding range of motion on active versus passive, implying that the active motion is restricted as well as passive motion, then one would consider that the possibility of a frozen shoulder. If the active motion is restricted but passive motion is full, then one would consider a limited or loss of power secondary to a rotator cuff tear. However, none of this was discussed in the myriad notes available for perusal from ___ regarding this shoulder presentation. It is inferred from the chiropractic notes that the restricted motion was most likely from a frozen shoulder. Subacromial injection was not documented to have been carried out to confirm that the pain was secondary to impingement. AC joint injection was not performed to rule out that source to be a pain generator as well. There is no discussion regarding apprehension, drop arm, drop arm resistance, provocative maneuvers, etc. The somatoform behavior as suggested by the spinal

surgeon would leave one to be suspicious of symptom magnification that should be considered throughout the entire examination.

To recapitulate, this is a 56 year-old patient who has had cascading injuries from a slip and fall, who has been submitted for shoulder arthroscopy for persistent pain. The requesting physician has expressed concern to the IRO that this patient has failed conservative care, including chiropractic, injections, analgesics, when in fact the chiropractor was more focused to the spinal injuries and not to the shoulder condition. A complete physical exam was not submitted in what would be expected to clarify the diagnosis and treatment plan, and the injection as claimed appeared to have been to the elbow and not to the shoulder.

Using standard orthopaedic texts, such as ‘The Shoulder’ by Charles Neer, Campbell’s Operative Orthopaedics, and the Journal of Sports Medicine, arthroscopic or open decompression of an acromion is considered effective treatment for impingement syndrome, with secondary subacromial bursitis. In this case, however, it is implied that this patient has a frozen shoulder and that there has been no physical examination that reports impingement, the type of acromion was not revealed, the injection was not carried out in the subacromial space to confirm relief of pain.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee’s policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 13th day of January 2004.