

# Vanguard MedReview, Inc.

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**IRO CASE #:** XXXXXX

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Orthopedic Evaluation

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

This case was reviewed by a licensed Chiropractic Doctor with over 22 years of experience.

## **REVIEW OUTCOME:**

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

Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

XXXX: UR performed by XX. **Rationale for Denial:** ODG notes an orthopedic evaluation is recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines, such as opiates or certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Within the associated medical file, there is documentation of right shoulder and neck pain. The pain is rated 8/10. The pain is described as sharp and burning. The patient reports the pain interferes with XX work, sleep, daily routine and recreational activities. Objective findings include tenderness along the right AC joint. There is limited ROM secondary to pain and muscle tightness in the right shoulder. There is a positive Apley's test on the right shoulder. The provider is requesting an orthopedic evaluation with XX for the cervical. This request was previously denied by the adjuster, as the adjuster stated the cervical spine is not compensable. Motor strength is 3-4/5 in the right upper extremity. Sensation is intact. Deep tendon reflexes are 2+. Patient has benefited from physical therapy in the past. However, there is no clear documentation that the patient is a candidate for treatment under the care of an orthopedist, such as injections or surgery, or that conservative therapy under the scope of the patient's primary care physician has been exhausted. Therefore, I am recommending non-certifying the request for evaluation with XX.

XXXX: Chart Notes by XX. **Subjective:** Pt appears for follow-up visit with complaints of right shoulder and neck pain. XX states the pain is no better or worse since last visit. Pain 8/10 on VAS. Pain described as needle-like and sharp. XX states the pain interferes with work, sleep, daily routine and recreational activities. XX states the pain is worse with pushing/pulling, lifting and repetitive movements. XX states the pain is alleviated with treatment, medication, exercise and rest. **Objective: Shoulder: Right:** Visual inspection reveal arthroscopic portal consistent with surgery performed. Examination of the right shoulder demonstrates taught and tender muscle fibers around the rotator cuff musculature. There is tenderness along right AC joint. There is limited right shoulder ROM secondary to pain and muscle tightness. Prone upper extremity push up reproduces pain in the right shoulder. There is a positive Apley's Test on the right shoulder. **Neurological:** Cranial nerves II-XII are grossly intact. Deep tendon reflexes of the upper and lower extremities are intact and symmetric bilaterally (2+). Sensation is intact in the upper and lower extremities to light touch. Motor strength testing is graded as weak (3-4/5) in the right upper extremity, this is believed to be secondary to pain. **Diagnostic Testing:** XXXX-XX. MRI of the right shoulder. Impression: evidence of prior labral repair. The anterosuperior, direct anterior and anteroinferior labrum appears torn. At the anterosuperior labrum, there is a 12x6 mm perilabral cyst dissecting medially along the glenoid periosteum. XXXX: XX, MRI of the cervical spine reveals mild degenerative disc disease of the cervical spine with a small right paracentral disc protrusion at C5 and C6, with mild narrowing of the central canal and slight indentation of the right ventral aspect of the spinal cord. Mild unvertebral spurring at C3-C4 and C4-C5, with at most minimal foraminal narrowing and minimal central canal narrowing. XXXX: XX. MRI of the right shoulder reveals linear tearing of the anterior labrum and complex tearing of the superior labrum. Full thickness tear of the anterior supraspinatus and subscapularis tendons at the biceps tendon interval. Marked attenuation of the long head of biceps tendon with bicipital tenosynovitis. **Assessment:** Status post right shoulder surgery with XX on XXXX. Status post right shoulder surgery with XX on XXXX. Status post manipulation under anesthesia on XXXX. Right shoulder tendon ligament tear. Cervical spine sprain/strain. Cervical disc protrusion at C5-C6. Not compensable. Myalgia and myositis unspecified. **Plan:** 1. Continue with prescribed home exercise program. 2. The patient has been referred to XX and XX for orthopedic evaluation of the cervical spine however the visits have been denied by the adjustor. The adjustor states the cervical spine is not compensable. Prior authorization was requested and denied through utilization review. The patient had a significant disc pathology in XX cervical spine that requires further evaluation with an orthopedic surgeon. 3. Follow up with XX, orthopedic surgeon for right shoulder as needed. 4. XX current objective findings and functional deficits are not compatible with a safe full return-to-work status at this time. I recommend XX continue to work 4 hours with restrictions. 5. Follow up visit on XXXX.

XXXX: UR performed by XX. **Rationale for Denial:** There is still no clear documentation that the patient is a candidate for treatment under the care of an orthopedist, such as injections or surgery, or that conservative therapy under the scope of the patient's primary care physician has been exhausted. Therefore, I am recommending non-certifying the request for Ortho Evaluation for Cervical Spine.

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

According to the clinical documentation that was submitted for my review, the EE was evaluated on XXXX and the clinical notes written by XX show that the claimant is status post-injury dated XXXX with right shoulder and neck pain. Objective findings were noted as tenderness along the right AC joint, limited range of motion secondary to pain in the right shoulder, and positive Apley's test on the right shoulder. Neurological evaluation shows motor strength of right upper extremity as +3-4/5, sensory is intact, and reflexes of upper extremities are normal at +2/2. Diagnosis includes right shoulder sprain/strain, status post-surgery. Imaging results were included to show a cervical spine ZMRI on XXXX that showed mild narrowing of the central canal and slight indentation of the right ventral aspect of the spinal cord. There is mild uncovertebral spurring at C3-C4 and C4-C5 with at most minimal foraminal narrowing and minimal central canal narrowing. There is a right shoulder MRI taken on XXXX that showed evidence of prior labral repair. Chart note written by XX dated XXXX reveals that the claimant complains of right shoulder and neck pain. Similar and mostly the same examination findings noted on XXXX by XX as compared to the evaluation on XXXX.

Objective examination results for the right shoulder: Visual inspection reveal arthroscopic portal consistent with surgery performed. Examination of the right shoulder demonstrates taught and tender muscle fibers around the rotator cuff musculature. There is tenderness along right AC joint. There is limited right shoulder ROM secondary to pain and muscle tightness. Prone upper extremity push-up reproduces pain in the right shoulder. There is a positive Apley's Test on the right shoulder. Neurological examination on XXXX written by XX revealed Cranial nerves II-XII are grossly intact. Deep tendon reflexes of the upper and lower extremities are intact and symmetric bilaterally (2+). Sensation is intact in the upper and lower extremities to light touch. Motor strength testing is graded as weak (3-4/5) in the right upper extremity, this is believed to be secondary to pain.

Preauthorization request for an orthopedic evaluation of the cervical spine with XX was submitted by XX. UR report written by XX on XXXX and XX on XXXX stated recommending non-certification of the request for an orthopedic evaluation of the cervical spine by XX. It is noted that the adjustor stated that the cervical spine is not compensable.

In conclusion, I have been asked to analyze this request for an orthopedic evaluation of the cervical spine by XX written by XX. Based on the medical documentation that has been submitted for review, the clinical notes by XX does not show any positive neurological results regarding the cervical spine. The weakness in the right upper extremity that is noted as +3-4/5 could be a result of the past surgeries to the right shoulder. All other neurological clinical findings were noted as normal. No cervical orthopedic tests were positive or noted by XX. Based on these examination findings, the signs and symptoms of the cervical spine appear to be clinically stabile. The ODG recommends office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. After reviewing the clinical evaluation by Dr. XX, the recommendation of an orthopedic evaluation of the cervical spine by Dr. XX is not medically necessary since there is no positive clinical results as related to the cervical spine. Therefore, the results of the UR by XX on XXXX is upheld due to lack of positive cervical clinical findings noted by XX. According to the ODG, this request for an orthopedic evaluation of the cervical spine by XX is not recommended.

**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
- 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 (PROVIDE A DESCRIPTION)