

# True Decisions Inc.

An Independent Review Organization

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**Date:** 12/27/2018 5:31:38 PM CST

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

XX graft, XXXX XX open treatment XX joint dislocation acute or chronic with XX graft

**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]:**

XXXX. XXXX was diagnosed with pain in the XXXX XX, sprain of the XXXX XX joint, subsequent encounter, and XXXX XX joint grade XX dislocation. XXXX was evaluated by XXXX, XX days status post XXXX injury. XXXX had been seen in the emergency room and x-rays had been positive for XXXX XX XX joint separation. XXXX reported constant mild discomfort that severely incremented at XX. XXXX was working restricted duty. XXXX shoulder range of motion revealed elevation XX degrees (active) and XX degrees (passive). Strength testing of the XXXX XX revealed supraspinatus XX manual motor power, infraspinatus XX manual motor power, and XX manual motor power. Palpation revealed positive tenderness at the XXXX XX joint. Provocative tests were positive for cross body adduction / internal rotation, cross body adduction / external rotation / internal rotation on the XXXX side. Examination summary noted XXXX shoulder prominent superior migration, tender XX joint, and decreased active range of motion, no impingement and cuff strength weak. XXXX diagnosed XXXX grade III XX joint separation and recommended proceeding with an MRI and a XXXX shoulder XX joint reconstruction with a XX graft based on XXXX' thin habitus. XXXX was continued on light duty. Per the XXXX note, the MRI noted an intact XX with a small XX lesion. The plan was to proceed with a XXXX XX Weaver Dunn with a XX graft. XXXX was evaluated by XXXX on XXXX. XXXX was status post a XXXX XX joint grade XX dislocation. XXXX complained of

XXXX XX burning and severe pain with giving way. The pain was located on the XX aspect of the XX and occurred constantly, predominantly during the morning, daytime, and evening. XXXX remained working with the XXXX hand only. The examination was unchanged from prior. XXXX recommended no use of the XXXX arm at work and wrote a letter of medical necessity for surgical intervention. A XX was completed stating that XXXX would be allowed to return to work as of XXXX with the restrictions which were expected to last through XXXX. XXXX was restricted from any lifting / carrying with the XXXX arm. An MRI of the XXXX shoulder dated XXXX showed prominent bony and surrounding soft tissue XX of the XX joint, likely reflecting a sprain. That was superimposed upon prominent XX joint degeneration and probable degenerative-type perforation of the XX aspect of the XX ligament. There was XX tendinosis, with obliquely oriented, less than XX% thickness, XX XX partial tear at the XX XX footprint. An EKG dated XXXX documented a marked sinus XX. It was an abnormal study. Treatment to date consisted of medications including XXXX as needed, which helped the symptoms, and XXXX with temporary relief, as well as a restricted duty work status. Per utilization review determination letter dated XXXX, the request for the XXXX XX open treatment XX joint dislocation acute or chronic with XX graft and XX graft was noncertified. Rationale: "After a review of medical records, the patient has an XX joint separation XX month ago. Conservative treatment in the form of physical therapy is not documented. The record does state that the patient's pain is improving and was documented at XX/10. A successful peer-to-peer call with XXXX. XXXX revealed that the reason for the recommendation for more acute treatment of XX separation is because the patient is thin, which makes for a more prominent XX.

ODG XX (updated 09/10/18), XX Based on available information, an appropriate course of conservative treatment has not been attempted for this injury, which typically resolves with nonsurgical treatment. Therefore, the requested XXXX XX open treatment XX joint dislocation acute or chronic with XX graft, XX; semitendinosus graft, XX is noncertified." XXXX wrote a letter on XXXX, stating that XXXX had a work-related injury XXXX. XXXX presented with symptoms of XXXX XX constant, mild discomfort that severely incremented at touch. Physical examination demonstrated a XXXX shoulder prominent superior migration, tender XX joint in an XX body habitus, and decreased active range of motion, no impingement, and cuff strength was weak. An MRI of the XX showed intact cuff with a small XX XX XX Tendon XX (XX) lesion. A XXXX XX Weaver Dunn with a XX. XX was recommended, and it had been denied as XX tendon graft for XX ligament reconstruction resulted in significantly superior clinical and radiologic outcomes compared to the modified XX·XX procedure. XXXX noted that XXXX had moderate pain. A XX XX and reconstructions with tendon graft were surgeon dependent, and the results they had achieved were better than the classic XX XX in their hands. A utilization review determination letter dated XXXX, indicated that the reconsideration request was denied. Rationale: "There was a previous determination dated XXXX, whereby the requests for XXXX shoulder open treatment XX joint dislocation acute or chronic with XX graft, (XX) and XX graft, XX were noncertified. A successful peer-to-peer call with XXXX was made at XXXX. XXXX stated XXXX understood with the patient not having exhausted appropriate course of conservative treatment prior to considering the XX joint reconstruction or the grade XX XX joint dislocation, and therefore the requested appeal for XXXX XX open treatment XX joint dislocation acute or chronic with XX graft, XX and semitendinosus graft, XX is not medically necessary due to the lack of failure of appropriate course of rehabilitation as recommended by ODG XX (updated 10/25/2018) criteria. Based on the clinical information submitted for this

review and using the evidence-based, peer reviewed guidelines referenced and peer to peer discussion, the request for appeal for XXXX XX open treatment XX joint XX acute or chronic with XX graft, XX and semitendinosus graft, XX is upheld.”

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

The ODG supports the use of surgical intervention as an option for acromioclavicular joint dislocations; however, grade XX sprains/dislocation typically do not require operative intervention. The guidelines recommend at least three months of conservative treatment before progressing to surgical intervention noting that long-term outcomes for this degree of separation are generally considered equivalent with both operative and nonoperative intervention. The documentation available indicates a course of physical therapy has not been completed and overall improvement was noted. The primary reason to progress to surgical intervention was the prominent deformity and reported thin body habitus. This alone would not constitute an indication to progress directly to operative intervention and a trial of conservative therapy is indicated by both previous reviewers would be supported by the guidelines before proceeding with operative intervention.

Given the documentation available, the requested service(s) is considered not medically necessary and the decision 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