

DATE

SAMPLE WORKERS COMP-5-a  
(Orthopedic)

CONTACT  
COMPANY  
STATE

CLAIMANT:

EMPLOYEE:

REFERRAL NUMBER:

CLAIM NUMBER:

SERVICE TYPE: Initial prospective

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**Records Received:**

1. Medical Review Institute case assignment form
2. UM referral 7/27/XXXX
3. Initial report 5/23/XXXX
4. Progress report 4/25/XXXX
5. Injury recheck flow sheet
6. Injury recheck encounters 5/23/XXXX, 4/28/XXXX
7. MRI of the right shoulder 3/29/XXXX
8. Surgery information sheet 6/30/XXXX
9. Letter from John Smith, Pa.C. 7/06/XXXX
10. State Multi-Specialty Medical Group forms 7/06/XXXX, 7/20/XXXX
11. Request for surgery 7/21/XXXX
12. Previous Medical Review Institute (MRIA) review with accompanying documents 6/29/XXXX

**Summary of Treatment/Case History:**

This is a 46-year-old female who does repeated lifting at work. She noted bilateral shoulder pain, beginning on 12/07/XXXX. She was seen at CLINIC, where she was placed on limited activity, had exercises, and has received two steroid injections into each shoulder. On 4/25/XXXX, she was noted to have limited motion in both shoulders and was referred to an orthopedic surgeon, Dr. JONES, who saw her on 5/23/XXXX and diagnosed her with bilateral frozen shoulders. He recommended bilateral shoulder manipulation under anesthesia. A MRIA review of 6/30/XXXX recommended the procedure. The patient had declined the procedure at that time. She returned on 7/23/XXXX with further loss of motion of the right shoulder. Her physician has recommended right shoulder arthroscopy and manipulation of the right shoulder.

**Questions for Review:**

Is the request for right shoulder scope and shoulder scope and manipulation medically necessary?  
Opticare Cert; ACOEM.

**Phone Consult:**

I had discussed this case previously with Dr. JONES. He did not request arthroscopy before, since he was going to manipulate both shoulders and bilateral arthroscopy may be too much surgery at one time. In this case, the patient has had further loss of motion in the right shoulder since the previous request for surgery, and surgery on the left shoulder is not being requested.

CONTACT at MRloA contacted the office of Dr. JONES at 415-409-7364 on 7/31/XXXX at 10:27 AM MST and advised NURSE of the reviewer's determination.

**Explanation of Findings:**

This patient had injured her shoulders on 12/05/XXXX, but apparently had problems with the left shoulder previously. She was diagnosed with frozen shoulder, which is a condition where adhesions develop within the shoulder causing limited motion. The shoulder MRI is usually negative, as in this case. The patient's motion in the right shoulder has continued to decrease. Her physician has requested authorization to do an arthroscopy with manipulation to improve motion.

**Conclusion/Decision to Certify:**

Is the request for right shoulder scope and shoulder scope and manipulation medically necessary?  
Opticare Cert; ACOEM.

Neither ACOEM guidelines nor Milliman guidelines discuss shoulder manipulation. Orthopedic Knowledge Update states that arthroscopic release has been shown to be effective in restoring motion and reducing pain in patients with frozen shoulder who have failed nonoperative care. Campbell's Operative Orthopedic also states that arthroscopic lysis of adhesions has been shown to be effective. Since this patient has failed conservative care, and has had worsening clinical findings, the proposed arthroscopic surgery on the right shoulder is medically necessary.

**Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Guidelines from Orthopedic Knowledge Update used.

**References Used in Support of Decision:**

1. ACOEM guidelines Ch 9
2. Campbell's Operative Orthopedics V10 2003 from Mosby Publishing p 2351, 2648
3. Orthopedic Knowledge Update v7 2002 from the American Academy of Orthopedic Surgeons p293

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This reviewer is certified by the American Board of Orthopedic Surgery and is a member of the American Academy of Orthopedic Surgeons, the American Medical Association, a state Medical Society, and a state Orthopedic Association. This reviewer has authored two papers presented to the Society of Military Orthopedic Surgeons and has participated in scientific displays. This reviewer has served as a hospital Chief of Staff and has been in practice for over 25 years.