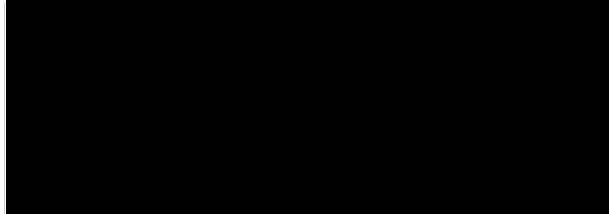






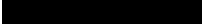

Assessment Report and Treatment Plan (ARTP)
Request to Accident Compensation Corporation for Prior Approval
for Elective Surgery

RECEIVED
 25 FEB 2021
 BY: 



Client & Claim Details	
Claim Number:	
Full Name:	
Address:	
Date of Birth:	23 May 1955
Telephone (Home):	
Telephone (Work):	
NHI Number:	
Date of Injury:	09 Apr 2020
Referring Provider:	
History, Examination and Diagnosis	
Type of Assessment (<i>Simple Assessment/Complex Assessment/Second Opinion/Reassessment/Follow-up visit</i>):	Simple
History of the current condition	As you know, he injured his shoulder on 9 April last year when he was lifting a very heavy box in his shed. It became acutely sore at the time and he was getting spasms down the arm, which would extend down occasionally into the hand with associated numbness. He is adamant he did not have any issue with it prior to that. Now he gets pain all the time. It wakes him every night. He has needed to take reasonably regular anti-inflammatories and occasional other analgesia and his shoulder has become very stiff. It has not been improving at all and he is clearly struggling, and it is having a significant impact on his quality of life. He is keen to seek advice as to his options from here. I understand, he saw  briefly who basically told him he needed to come and see me.
Causal Medical Link Between Proposed Treatment & Covered Injury:	Clearly underlying degenerative change. He did have a lifting injury but likely the arthritis pre-dated that because he has posterior subluxation and wear, but something obviously happened at the time to cause the sudden change in pain and functional limitation. He is adamant that he did not have any of this beforehand. He has requested that because of the injury, I put an application in at least for ACC's consideration.
Relevant Pre-Existing Factors (<i>Relevant medical history, presence of degenerative disease, co-morbidities</i>):	Otherwise, he is in good health. He had a cardiac ablation about four years ago which made a huge difference to his quality of life. He is not on any medication.
Clinical Examination (<i>Outline of findings at clinical examination, progress since previous visits and the indicated clinical pathology</i>):	To examine him, he has all the hallmarks of an arthritic shoulder with painful loss of both active and passive movement in all planes. There is really only 30 degrees or so of glenohumeral motion, the rest is scapulothoracic. There is pain at the end range with stress. Pain on loading with crepitus. His rotator cuff strength, at least from what I can assess is probably

	okay. His distal neurology is normal.
Diagnostic Tests And Imaging (<i>Provide copies of reports</i>):	Plain x-rays show significant arthritis with some posterior subluxation and wear and essentially a B2 glenoid. His ultrasound suggested some minor partial thickness tearing of the rotator cuff.
Specific Diagnosis:	OA R Shoulder
Proposed Management & Prognosis	
Prognosis (<i>Expectations for the client's recovery including expected return to work on modified or alternative duties</i>):	Substantial decrease of pain and motion limitation in the shoulder allowing a likely return to full work and recreational activities. Will require up to 6 weeks off work.
Pre/Post Operative Care (<i>Expectations for preoperative care and any appropriate postoperative care including physiotherapy, assistive devices, home help or vocational assistance</i>):	Active, active assisted and passive ROM exercises under supervision of physiotherapist.
Certificate & Specialist Details	
I certify that, on the date shown, I have personally examined and/or treated the Patient. I have discussed the treatment options with the client and advised why the recommendation is the appropriate treatment in this case. The Client (or their representative) has authorised me to provide this information to ACC on their behalf.	
Specialist Name:	[REDACTED]
NZMC Number:	[REDACTED]
HPI Number (if known):	
Specialist Signature:	[REDACTED]
Date Signed:	25/02/2021

Lead Provider Details	
Lead Provider Name:	[REDACTED]
Facility:	[REDACTED]
Contract Number:	[REDACTED]
Lead Provider Notes:	
Contracted or Non Contracted (<i>Surgery under regulations</i>):	Contracted
Treatment Details	
Date of Consultation:	11/02/2021
Recommended Surgical Treatment:	Total shoulder joint replacement
Body Site to Be Treated:	Shoulder
Body Side (<i>Left, right, both or NA</i>):	Right
Proposed Surgery Date:	TBC
Clinical Priority (<i>High, Medium, Low</i>):	Medium
Likely Length of Hospital Stay (<i>Days</i>):	2-3 days
Is this Surgery Request a prerequisite to access Medical Insurance? (<i>Yes/No</i>):	No
Procedure Details (for each procedure)	
ACC Procedure Code: (<i>If non core please indicate</i>):	SHU14 4891800
Procedure Description:	Total shoulder replacement
ACC Procedure Code 2: (<i>If non core please indicate</i>):	
Procedure Description 2:	

Additional Resources (if applicable) or Non Core Units:

Code and Description		Unit of Measure	Units Required (estimate)
ESRNC	Theatre set up, base supplies and recovery suite	Flat fee	
ESR01	Theatre time	Per minute up to and including 180 minutes	
ESR02	Theatre time	Per minute after 180 minutes	
ESR03	Anaesthetist's set up RVU	Per RVU	
ESR04	Anaesthetic other	Flat fee	
ESR05	Ward stay	Number of days	
ESR06	High dependency unit	Number of days	
ESR07	ICU	Number of days	
ESR08	Plain X-rays	Per X-ray	
ESR09	2nd surgeon (Consultant) (Provide name of surgeon)	Per minute	
ESR10	2nd surgeon (Assistant) (Provide name of surgeon)	Per minute	
ESR11	Splints/Orthotics	Per item	
ESR12	Unique supplies (consumables, drugs - extra to base supplies)	Actual cost	
ESR13	Unusual/Unspecified Costs (Provide details)	Actual cost	
ESR14	Laparoscopic/Endoscopic supplies	Actual cost	
ESR15	Image intensifier	Per minute	
ESR16	Day stay only	Per day	
ESR17	Inpatient physiotherapy	Per visit	
ESR18	Follow up visits		

Inbox Report

Patient: [REDACTED]
Subject: CT Right Shoulder
Reference: [REDACTED]
Comment:

Date: 11 Feb 2021

Patient Details
Patient Name: [REDACTED]
NHI No:
Date of Birth: 23-May-1955

This report is for: [REDACTED]

RADIOLOGY:
Referred By:
[REDACTED]

Copies:
[REDACTED]

CT RIGHT SHOULDER 11/02/2021 Reference: [REDACTED]
Location: [REDACTED]
NHI: [REDACTED]
ACC HITECH Reference: [REDACTED]

CT RIGHT SHOULDER

Indication:

Preop planning TSA.

Technique:

Exactech protocol.

Findings:

No previous imaging for comparison.

Marked arthrosis involving the glenohumeral joint with joint space narrowing associated with marginal osteophyte formation and subchondral cystic change. Slight posterior subluxation of the humeral head in relation to the glenoid.

Moderate retroversion of the glenoid measuring up to 25 degrees. Glenoid bone stock measured at the level of the mid glenoid is preserved measuring up to 3cm.

The rotator cuff looks intact on CT with no significant fatty atrophy of supraspinatus, infraspinatus or subscapularis. Joint effusion present filling the subcoracoid recess. Normal appearance of the acromioclavicular joint.

Opinion:

Marked arthrosis of the glenohumeral joint with moderate glenoid retroversion. Preserved bone stock and intact rotator cuff.

Thank you for your referral.

[REDACTED]

Etc etc etc etc....14 pages worth