

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** March 5, 2007

**IRO CASE #:**

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

Outpatient right shoulder scope and Bankart Repair

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

Diplomate, American Board of Orthopaedic Surgery

**REVIEW OUTCOME**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Treating Doctor include:

- 06/27/06
- Specialists, 10/02/06
- Center, 01/11/07

Medical records from the Carrier include:

- Insurance Company, 01/19/07, 01/30/07, 02/20/07
- City, 06/27/06
- M.D., 07/12/06, 11/07/06, 11/16/06
- ISpecialists, 10/02/06

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- M.D., 12/08/06
- Center, 12/21/06
- Center, 01/11/07

**PATIENT CLINICAL HISTORY:**

The records indicate that the patient was injured when he was pushing and twisting with his right hand. He felt a pop and had pain in the anterior aspect of his shoulder. Over the next two days he developed increasing symptoms of a sharp pain radiating down the arm.

The patient was evaluated by an orthopedic surgeon who diagnosed a right shoulder rotator cuff sprain and also mentioned the possibility of radicular symptoms.

Dr. subsequently recommended surgery and performed arthroscopic subacromial. The patient reportedly did not improve following the surgery. Request was made for revision surgery only two months following the first surgery to include arthroscopy with Bankart repair. This surgery was declined by the carrier after a peer review was performed by two different reviewing physicians.

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

It is my opinion that arthroscopy with Bankart repair is not supported by the records provided. The mechanism of injury in this case would have caused either a strain of the rotator cuff or possibly a neurologic injury. The rotator cuff was found to be intact on MRI and at surgery. It is, therefore, very unlikely that a rotator cuff injury occurred. There is certainly no evidence that the shoulder ever dislocated or that there is any insufficiency of the glenohumeral ligaments. Therefore, it is my opinion based upon MRI and surgical findings that the proposed surgery is not medically appropriate.

**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)