

# MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

**DATE OF REVIEW:**           **MAY 22, 2007**

**IRO CASE #:**

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

Right shoulder arthroscopy with rotator cuff repair.

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

MD, Board Certified in Orthopedic 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- MD – Non-authorization peer review from 4/3/07.
- Legal letter from 5/9/07.
- MD – Dates of service 2/12/03, 3/12/03, 3/26/03, 5/2/03, 11/12/03. Operative report from 11/20/03, 12/1/03, 12/8/03, 1/7/04, 2/4/04, 2/27/04, 3/22/04, 4/5/04, 5/3/04, 8/25/04, 5/11/05, 6/10/05, 9/20/06, 10/18/06, 11/8/06, 1/8/07, 1/22/07, 2/14/07, 3/9/07 and 4/25/07.
- Orthopedic Surgery Group and Center for Sports Medicine – Physical therapy notes from 3/10/03, 5/5, 8, 12/03, 12/3, 5, 9, 11, 12, 15, 117,

19, 22, 23, 24, 29, 30/03, 1/2, 12, 14, 16, 19, 20, 21, 26, 28, 30/03 and 1/29/07.

- Orthopedic Surgery Group – MRI report from 3/18/03.
- DO – Date of service 3/5/03.
- MD – Date of service 4/19/07.
- MD – Date of service 5/10/04.

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

This woman sustained an injury to her right shoulder and neck while doing while at work. Ongoing problems involved her right shoulder. She was initially treated with non-steroidal anti-inflammatory medications, physical therapy, subacromial injection and she did not get better. An MRI of the right shoulder performed on 3/18/03 reportedly showed a Type II acromian, thickening and increased signal in the supraspinatous tendon compatible with tendonosis and acromioclavicular joint degenerative changes.

The patient was taken to the operating room by MD on 11/20/03. His operative report indicated that he found a partial rotator cuff tear that he debrided. He also performed a subacromial decompression and resection of the undersurface of the distal clavicle.

Postoperatively the patient had extensive physical therapy, pain management and work hardening. She was deemed to be at maximum medical improvement in May 2004 by her treating physician, MD.

The patient has had persistent shoulder pain over the years. She was seen by Dr. with this complaint in August 2004, May and June 2005 and on a monthly basis since September 2006. She has had further physical therapy, non-steroidal anti-inflammatory medications and a subacromial injection and has not gotten better.

Repeat MRI of the shoulder was performed on 1/15/07. The report of this study is not available for review. However, a medical report from MD who performed a peer review on 4/3/07 states that it showed a large, nearly full thickness tear of the supraspinatous infraspinatous tendon with atrophy of the infraspinatous muscle.

The patient's symptoms persist. She has pain with shoulder elevation as well as shoulder girdle weakness. At this juncture repeat arthroscopy with rotator cuff repair is being requested.

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

THE PATIENT HAS HAD ONGOING SHOULDER PROBLEMS SINCE HER INJURY. SHE HAS HAD EXTENSIVE CONSERVATIVE TREATMENT AND SURGICAL SUBACROMIAL DECOMPRESSION AND RESECTION OF A

PARTIAL TEAR OF HER ROTATOR CUFF. UNFORTUNATELY THE INITIAL OPERATIVE REPORT DID NOT INDICATE THE EXTENT OF THE PARTIAL TEAR OF THE SUPRASPINOUS TENDON. AN MRI OBTAINED DID NOT IDENTIFY A PARTIAL TEAR. IT INDICATED THAT THE TENDON WAS THICKENED.

IN ANY EVENT, PROGRESSION OF PARTIAL TEARS OF THE ROTATOR CUFF IS A WELL DOCUMENTED PHENOMENON. THIS PATIENT'S SYMPTOMATOLOGY HAS BEEN DOCUMENTED TO HAVE PERSISTED AND WORSENERED OVER THE YEARS. SHE HAS OBJECTIVE FINDINGS INCLUDING SHOULDER GIRDLE WEAKNESS AND A RECENT MRI SHOWING NEAR FULL THICKNESS TEAR OF HER SUPRASPINOUS AND INFRASPINOUS TENDONS WITH ATROPHY OF THE INFRASPINOUS. SHE HAS HAD ONGOING TREATMENT OF MORE THAN 6 MONTHS DURATION EXTENDING FROM SEPTEMBER 2006 WHICH HAS INCLUDED PHYSICAL THERAPY, NON-STEROIDAL ANTI-INFLAMMATORY MEDICATIONS AND A SUBACROMIAL INJECTION. SHE HAS NOT GOTTEN BETTER. AT THIS POINT ROTATOR CUFF REPAIR IS INDICATED.

**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
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
  - \* ANDREW B. WOLFF, MD ET AL – “PARTIAL THICKNESS ROTATOR CUFF TEARS”, JOURNAL OF THE AMERICAN ACADEMY OF ORTHOPEDIC SURGERY, VOLUME 14, NUMBER 13, PAGE 715
  - \* “ORTHOPEDIC KNOWLEDGE” UPDATE 7
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)