



Specialty Independent Review Organization

AMENDED REPORT 11/16/2007

DATE OF REVIEW: 11/12/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of arthroscopy of the left shoulder.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery with greater than 15 years of experience.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of arthroscopy of the left shoulder.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Management Services - URA

These records consist of the following:

Records from URA/Carrier: Management Services preauthorization report – 10/1/07, 8/29/07, 5/11/07, 2/8/07, 12/15/06, 11/13/06, 10/13/06, 10/10/06, 9/18/06, 8/24/06, 8/3/06, 2/6/06, 1/13/06, 12/12/05, 11/7/05, 8/5/05, & 7/18/05 and preauthorization request – 11/2/05 and preauthorization reconsideration

denial -10/16/07; surgery preauthorization request – 9/25/07, 10/9/07, 4/26/07, & 8/21/06 and patient diagnostic testing prescription – 8/21/07 & 6/28/06 and notes 3/14/07-6/28/06 and home care prescription – 10/3/06; Clinic notes – 9/19/07-4/24/07; MRI & Diagnostic report – 9/4/07; Hospital operative report and surgical pathology report – 9/14/06; MRI report – 8/9/06 & 3/1/07 and preauthorization request – 7/18/06; Diagnostic MRI report – 7/21/05; M.Ed., LPC work hardening assessment – 8/28/07; Functional Testing functional capacity assessment – 9/6/07; Clinic notes – 9/6/07; MD records review – 6/30/07; Centers notes 1/31/07-5/26/06 and preauthorization request – 1/31/07, 12/6/06, & 10/9/06; Hospital operative report – 11/28/06; Center notes – 11/7/06-6/28/06 and preauthorization request 11/8/06; denial – 2/16/06; preauthorization request – 9/13/06; Medical Centers prescription – 1/30/06, 12/27/05, 10/28/05, 10/17/05, & 7/5/05 and notes 12/27/05-10/25/05; MD surgery order – 8/22/05 and preauthorization request – 8/3/05 and notes-7/5/05; Association EMG/NCV report – 5/11/05; various TWC reports; Imaging radiology report – 5/23/05

The carrier/URA did not provide a copy of the ODG guidelines for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who slipped on wet floor, striking her left hand on doorknob. Complaints extend to left shoulder and the Carrier accepts shoulder coverage. The patient underwent left shoulder surgery 8/2005 and 32 PT visits. A second surgery for recurrent rotator cuff tear was performed 9/2006 followed by 25 days CPM and 9 PT visits. The patient has left shoulder pain again. A CT/Arthrogram of the left shoulder was done on 09/04/07 and read as a full thickness tear of supraspinatus tendon. Request for third surgery was submitted. Additional information was requested by previous reviewers, and surgery has been denied twice.

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

The reviewer states that the patient was deemed to have a healed rotator cuff by Dr, as shown on MRI documented in his report of 3/14/07, further noting her shoulder “is functioning quite well and it is not really hurting her.”

Dr reviewed the patients records, stating on 6/30/07 “her rotator cuff has now healed, the patient has completed her postoperative rehabilitation and is in an independent home exercise program.

The ODG Guides note according to Djurasovic, 2001 revision rotator cuff repair selection criteria should include patients with only one prior procedure. According to the ODG guidelines: Repair of the rotator cuff is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. However, rotator cuff tears are frequently partial-thickness or smaller full-thickness tears. For partial-thickness

rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. The preferred procedure is usually arthroscopic decompression, but the outcomes from open repair are as good or better. Surgery is not indicated for patients with mild symptoms or those who have no limitations of activities. (Ejnisman-Cochrane, 2004) (Grant, 2004) Lesions of the rotator cuff are best thought of as a continuum, from mild inflammation and degeneration to full avulsions. Studies of normal subjects document the universal presence of degenerative changes and conditions, including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. Studies evaluating results of conservative treatment of full-thickness rotator cuff tears have shown an 82-86% success rate for patients presenting within three months of injury. The efficacy of arthroscopic decompression for full-thickness tears depends on the size of the tear; one study reported satisfactory results in 90% of patients with small tears. A prior study by the same group reported satisfactory results in 86% of patients who underwent open repair for larger tears. Surgical outcomes are much better in younger patients with a rotator cuff tear, than in older patients, who may be suffering from degenerative changes in the rotator cuff. Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than three months, plus existence of a surgical lesion; Failure of exercise programs to increase range of motion and strength of the musculature around the shoulder, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair; Red flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.). Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears are treated the same as impingement syndrome regardless of MRI findings. Outpatient rotator cuff repair is a well accepted and cost effective procedure. (Cordasco, 2000) Difference between surgery & exercise was not significant. (Brox, 1999) There is significant variation in surgical decision-making and a lack of clinical agreement among orthopaedic surgeons about rotator cuff surgery. (Dunn, 2005)

Revision rotator cuff repair: The results of revision rotator cuff repair are inferior to those of primary repair. While pain relief may be achieved in most patients, selection criteria should include patients with an intact deltoid origin, good-quality rotator cuff tissue, preoperative elevation above the horizontal, and only one prior procedure. (Djurasovic, 2001)

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)