



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: October 10, 2007

IRO Case #:

Description of the services in dispute:

Denied for medical necessity: Items in dispute: 1) Left shoulder cuff repair, 2) AC joint arthrosis, 3) pain pump application.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is certified by the American Board of Orthopedic Surgery. This reviewer is licensed in three states and has privileges at three hospitals. This physician has been the Chairman of the Emergency Room Committee, a Medical Staff Treasurer, Section Chief of Orthopedic Surgery. This physician is a Diplomate of the American Academy of Orthopedic Surgery and the Arthroscopy Association of North America. They are an assistant professor at a school of medicine for Orthopedic Surgery. The reviewer also serves as a consultant to a state workers compensation board as well as health carrier boards. This reviewer has been in active practice since 1989.

Review Outcome

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

Upheld

The left shoulder cuff repair, AC joint arthrosis and pain pump application are not medically necessary.

Information provided to the IRO for review

Notification of determination dated 8/10/07, 4 pages

Requested service request dated 8/22/07, 4 pages

Pre-authorization request for surgery, 1 page

Patient information

Patient clinical history [summary]

This is a xx-year-old male who injured his left shoulder on xx/xx/xx. His physician diagnosed a full thickness rotator cuff tear. He was evaluated by his physician on 7/25/07 and surgery was recommended.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The surgical procedure is not medically necessary at this time. The medical record does not demonstrate completion of a physical therapy program or poor response to conservative treatment. "He has had some treatments for his shoulder and back. He is currently taking medications for the pain". This documentation is insufficient to recommend a surgical procedure as per guidelines.

The ODG cites:

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.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG for Rotator Cuff Surgery

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