Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

DATE OF REVIEW: 10/10/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

29807: Arthroscopy, shoulder, surgical; repair of SLAP lesion
23200: Radical resection for tumor; clavicle
23410: Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; acute

QUALIFICATIONS OF THE REVIEWER:

This reviewer completed his undergraduate degree at Union College before obtaining his Doctor of Medicine from Albert Einstein College of Medicine. He completed a residency in orthopedic surgery and is certified by the American Board of Orthopedic Surgery. He is a clinical instructor at the University of Pittsburgh Medical Center.

REVIEW OUTCOME:

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

Upheld (Agree)

X Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

29807: Arthroscopy, shoulder, surgical; repair of SLAP lesion Overturned
23200: Radical resection for tumor; clavicle Overturned
23410: Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; acute Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice to utilization review dated 09/20/2007
2. Notice to utilization review dated 09/20/2007
3. Clinical note dated 09/18/2007
4. Clinical note dated 09/28/2007
5. Review organization dated 09/18/2007
6. Request form dated 07/30/2007
7. Clinical note MD dated 07/10/2007
8. Clinical note MD dated 07/26/2007
9. Clinical note dated 09/24/2007
10. Review organization summary dated 09/24/2007
11. Review organization dated 09/18/2007
12. Request form dated 07/30/2007
13. Clinical note MD dated 07/10/2007
14. Clinical note MD dated 07/26/2007
15. Employers first report dated 6/31/2007
16. Associate statement dated 04/18/2007
17. Request for medical care dated 04/18/2007
18. Clinical note PA dated 05/03/2007
19. Clinical note dated 05/07/2007
20. Status report dated 6/05/2007
21. Clinical note DO dated 06/05/2007
22. New patient evaluation note P.A.C dated 06/05/2007
23. Status report dated 06/15/2007
24. Clinical note MD dated 6/15/2007
25. Status report dated 07/03/2007
26. Clinical note MD dated 07/03/2007
27. Consultation report MD dated 07/19/2007

28. Clinical note MD dated 08/07/2007
29. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This employee is an xx year old male who was injured while at work on xx/xx/xx. He was lifting up boxes weighing about 70 pounds to his manager overhead. The diagnosis was identified as right shoulder impingement and rotator cuff/slap tears. He has reportedly received injections for the injured shoulder as well as physical therapy.

At this time, the request for surgery for the injured worker's shoulder is under review for medical necessity.

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

The claimant is an xx year old gentleman who has ongoing right shoulder pain and limitations in function following a xx/xx/xx injury. He denies any problem with his right shoulder prior to this injury. He has received appropriate conservative care with activity modification, anti-inflammatory medication, physical therapy, home exercises and an injection. He has an MRI documenting intra-articular abnormality with rotator cuff tearing, and due to his failure of conservative care, his physician has requested surgical intervention.

It is medically reasonable to proceed with the requested arthroscopy of the right shoulder with debridement and/or repair of a SLAP tear, excision of his distal clavicle, and open repair of the rotator cuff in an attempt to treat this worker's ongoing complaints. While it is understood that this person is an older gentleman, if in fact he was asymptomatic prior to this injury and had an acute change in his underlying clinical condition and continues to have ongoing complaints and positive physical findings in reference to this injury, then it is medically reasonable to proceed with the requested surgery. Older individuals can do just as well with surgery as younger ones. In this case, there are traumatic abnormalities correlating with the claimant's complaints which could be improved with appropriate surgery. Therefore, the requested surgery is medically appropriate and necessary at this time. This is in accordance with the ODG guidelines.

The previous denial is overturned.

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
X 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)

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