

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** APRIL 3, 2008

**IRO CASE #:**

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

Medical necessity of proposed right shoulder open rotator cuff repair

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
727.61	23412		Prosp	1					Overturned

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

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 25 pages of records received to include but not limited to: letter 2.6.08, 2.14.08, 3.14.08; notes, Dr. 1.11.08-2.28.08; notes, Dr. 1.31.08; MRI Rt Shoulder 1.28.08

Respondent records- a total of 38 pages of records received from URA to include but not limited to: letter 2.6.08, 2.14.08, 3.14.08; notes, Dr. 1.11.08-2.28.08; notes, Dr. 1.31.08; MRI Rt Shoulder 8.10.06, 1.28.08; DDE 9.27.07; operative report, Regional Medical 11.3.06

Requestor records- a total of 16 pages of records received to include but not limited to: notes, Dr. 1.25.08; notes, Dr. 1.31.08-3.6.08; MRI Rt Shoulder 1.28.08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related on the job injury on xx/xx/xx.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The denial is overturned. While it is correct that the results of revision rotator cuff repair are inferior, the indications for revision still exist since problems associated with chronic tears can be significant.

The use of allograft tissue augmentation is indeed a viable option available to orthopedic surgeons to improve outcomes. While all forms of treatment have shortcomings and failure, a statement of medical non indication or medically not necessary is absolute. In this circumstance, it is not supported within the overall orthopedic surgery community and not supported by the facts and evidence-based literature. Generally, the literature does not state the surgery is not indicated. It does highlight problems, complications, and failures, as well as it suggests ways of dealing with these problems. There is no orthopedic surgery evidence based level I or level II study which states that revision rotator cuff repair is medically not necessary.

Even with re-rupture, patients remained improved an average of 7.6 years over pre-operatives states in terms of pain, function, strength, and patient satisfaction.

While xenograft augmentation is questionable, allograft augmentation has a place. The decision to use allografts cannot be left to nonspecific "guidelines."

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE

1. Painful Shoulder After Rotator Cuff Disease. Journal of the American Academy of Orthopedic Surgeons 3/97; 5:97-108
2. Clinical and Structural Outcomes of Nonoperative Management of Rotator Cuff Tears. Journal of Bone and Joint Surgery 8/2007; 89:1928-1934 P.O. Zing et. all
3. Long Term Outcome after Structural Failure of Rotator Cuff Repairs. Jost et. All 2006; 88:472-479.

4. For Variation in Orthopedic Surgeons' Perceptions about the Indications for Rotator Cuff Surgery. Dunn et. all. Journal of Bone and Joint Surgery 8/2005; 87:1978-1984