Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX
75038
972.906.0603 972.255.9712
(fax)

DATE OF REVIEW: APRIL 29, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed left shoulder EUA, Dx arthroscopy w/ debridement (23120, 29822, 29826, 23412)

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:

XX 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
715.11	23120, 29822, 29826, 23412		Prosp	1					Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related on the job injury.

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 medical records are not clear in support of the indications for surgical intervention. The patient has had 2 prior surgeries including a subacromial decompression and excision of the distal clavicle. Dr. 's note of 10/11/2007 states that the patient has a recurrent rotator cuff tear. However, the MRI interpretation of 08/28/2007 describes a partial tear involving the supraspinatus and partial tear of the subscapularis. There was noted to be abnormal signal intensity at the supraspinatus insertion site along its articular surface with no evidence of a complete tear. The MRI interpretation of the acromion was that it was smooth and regular without evidence of hooking or impingement.

The diagnosis is not supported by the records except that the physical exam is consistent with impingement. As noted before, there is no evidence of anatomical impingement on the MRI. The diagnosis of ACR arthrosis is not supported by the evidence of the MRI and the patient having had a prior distal clavicle resection. The diagnosis of adhesive capsulitis is not supported. There is no evidence on MRI that there is adhesive capsulitis; and the patient has active total elevation at 150 degrees. The rotator cuff tear is partial and small based upon the MRI interpretation. The MRI definition of size and the treating surgeon's statement of size are nonexistent. This would be considered a partial tear.

There is no peer-reviewed level I or level II study that suggest that surgically addressing this lesion will ultimately affect his outcome over his present functional status. There are level IV studies that suggest that a subacromial decompression will at least help keep this from propagating and the patient has already had this. Therefore, the denial is upheld as medical necessity was not established.

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 (Partial Thickness Rotator Cuff Tears. Journal of the American Academy of Orthopedic Surgeons, Vol. 14, no. 13, December of 2006. Author: Wolff and Medecky, et. all. Pages 715-725.)