

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 04/30/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right shoulder open bicep tenodesis with arthroscopy, 23430, 29805, 29806, 29827

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

M.D., Board Certified Orthopedic Surgeon

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)

Upon independent review the reviewer finds that the requested right shoulder open bicep tenodesis with arthroscopy, 23430, 29805, 29806, 29827 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 03/10/08 and 03/19/08

ODG Guidelines and Treatment Guidelines

Office visit notes 2008 04/14/08, 02/21/08, 01/29/08, 01/18/08, 01/17/08, 01/10/08

Office visit notes 2007 12/20/07, 06/14/07, 05/03/07, 04/05/07, 03/08/07, 02/08/07

Office visit notes 2006 12/14/06, 12/07/06, 11/27/06, 11/02/06, 10/05/06, 10/07/06,

08/31/06, 08/17/06, 07/20/06, 07/13/06, 05/22/06, 04/24/06

Physical therapy referrals, 01/19/08, 02/08/08, 09/07/07, 07/20/07

Physical therapy progress notes, 04/30/07

Operative reports, 07/10/06, 07/01/07

History and Physical, 02/01/07, 07/10/06, 01/10/07

Blood Chemistry, 01/11/07
Imagery reports, 01/10/07
Utilization Review referrals, 12/20/06, 05/20/06
Authorization for arthroscopy, 12/27/06, 05/30/06
Surgery Order
Brief note, 07/01/06
Surgery schedule and check list
MRI arthrogram 01/07/08, 12/12/06, 08/31/06
MRI scan shoulder, 04/17/06
X-ray 08/31/06
Right Clavicle 4/6/06
Appeals, 03/06/08 and 03/13/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker with a date of injury for this case of xx/xx/xx. This man underwent arthroscopic surgery to repair a SLAP lesion on 07/10/06. He apparently healed well but was injured again. He underwent a subsequent surgery on 02/01/07. Within the surgeon's operative report, it is documented that the biceps tendon was normal. He underwent an MRI scan on 01/09/08, also documenting "normal biceps tendon."

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

Within the medical records, there is no indication of why a biceps tenodesis is required. The ODG Guidelines are clear that fraying of the biceps tendon is typically an indication for consideration of biceps tenodesis. The operating surgeon upon his last arthroscopy documented that the biceps tendon was normal. The MRI scan performed in January 2008 documented the biceps tendon as normal; hence, ODG Guidelines do not support the indication for right shoulder open biceps tenodesis with arthroscopy.

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)**