



Notice of Independent Review Decision

**DATE OF REVIEW:** 8/29/2008

**IRO CASE #:**                      **NAME:**

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

Determine the appropriateness of the previously denied request for Right rotator cuff repair (RCR), subacromial decompression, pain catheter insertion, platelet gel autograft, biceps tendesis, joint debridement, CPT codes: 89827, 29828, 29826, and 29823.

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

A Texas licensed Orthopaedic 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Overturned: Right rotator cuff repair (RCR), subacromial decompression,

Upheld: Pain catheter insertion, platelet gel autograft, biceps tendesis, joint debridement

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

- Fax Cover Sheet dated 8/20/08, 8/18/08, 5/22/08.
- Cover Letter/Submitted Documents dated 8/20/08.

- Notice to CompPartners, Inc. of Case Assignment dated 8/18/08.
- Instructions Sheet (unspecified date).
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 8/18/08.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 8/18/08.
- Company Request for Independent Review Organization dated 7/15/08.
- Request Form Request for a Review by an Independent Review Organization dated 6/19/08.
- Re-Evaluation Report dated 6/25/08.
- Determination Notification Letter dated 6/10/08, 5/28/08.
- Peer Review Report dated 6/10/08, 5/28/08.
- Evaluation Report dated 5/14/08.
- Follow-Up Visit Note dated 4/17/08, 4/4/08.
- Right Shoulder MRI dated 4/15/08.
- Workers' Compensation Form (unspecified date).

**PATIENT CLINICAL HISTORY (SUMMARY):**

Age:

Gender: **Male**

Date of Injury:

Mechanism of Injury: **A fall**

Diagnosis: **A rotator cuff tear.**

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

The claimant is a male who was injured on xx/xx/xx in a fall. He was diagnosed with a rotator cuff tear. Records for this case began on 04/04/08 with Dr. He noted that the claimant had been seen in xxxx for shoulder pain and that he had been having pain since that time. On the physical examination, there was mild shoulder tenderness and limited lateral abduction and flexion. He had a positive Neer's, Hawkins' and Apley's. He was to continue work, take Ibuprofen and have an MRI. The 04/15/08 MRI of the right shoulder, showed a full thickness tear affecting the supraspinatus and a 2 centimeter diastasis of fragments. There was severe tendinosis of the remaining rotator cuff with near complete tear of the infraspinatus, a large subacromial bursal effusion and early erosion of the glenohumeral joint with mild degeneration of the anterior labrum. The claimant was referred to Dr. on 05/14/08 for evaluation of the right shoulder pain. On the physical examination, there was no dysrthmia. Elevation was to 145 degrees and external rotation was 60 degrees. He was tender to palpation (TTP) of the biceps. There was positive drop arm and positive impingement. External rotation strength was 4/5. X-rays showed degenerative changes of the glenohumeral joint. The impression was rotator cuff tear, impingement, bicipital tendonitis and early glenohumeral arthrosis. Surgery was recommended. Based on the review of the medical records provided and without the benefit of peer discussion, the reviewer cannot recommend the proposed surgery as medically necessary (right

rotator cuff repair, subacromial decompression, pain catheter insertion, platelet gel autograft, biceps tenodesis, joint debridement). At this point, it would not be clear what the benefit of platelet gel autograft in this case would be. It is unclear that a pain catheter will give as good or better pain relief than standard multimodal pain management for shoulder surgery. There was no documentation of severe tendinitis on the MRI report of the right shoulder 04/15/08 report that is available for review today to support need for biceps tenodesis. It was agreed that he is likely to benefit from shoulder surgery with decompression and rotator cuff repair and joint debridement. Without the benefit of peer discussion, based solely on review of the records provided, and consistent with ODG guidelines, the reviewer cannot recommend pain catheter insertion, platelet gel autograft, biceps tenodesis, joint debridement).

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
- The Official Disability Guidelines (ODG), Treatment Index, 6<sup>th</sup> Edition (Web), 2008, Shoulder- Rotator cuff repair, Ruptured biceps tendon surgery, and Pain pump.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
  - TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).