

US Decisions, Inc.

An Independent Review Organization

71 Court Street (512)

782-4560 (phone) (207)

470-1085 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: 06/28/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right shoulder EUA, arthroscopy with debridement, SAD Mumford, rotator cuff repair

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 EUA, arthroscopy with debridement, SAD Mumford, rotator cuff repair is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old male with a date of injury xx/xx/xx. He was apparently operating a spreader when his arm and hand were caught in a rope, pulling the upper extremity with an abduction extension external rotation injury. The MRI scan of the right shoulder did not reveal any damage to the rotator cuff musculature, only some thickening of the supinators and some mild inflammatory changes in the acromioclavicular joint. The patient had diagnostic injection of the AC joint, which provided temporary relief in March 2008. The physical examination notes some tenderness over the AC joint and apparently positive impingement sign. Apparently there is 4+/5 weakness with drop arm test secondary to pain. The patient is on Naprosyn and was on hydrocodone. The current request is for right shoulder EUA, arthroscopy with debridement, SAD Mumford, rotator cuff repair.

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

Upon independent review of the provided medical records and ODG Guidelines, this reviewer finds that the requested right shoulder EUA, arthroscopy with debridement, SAD Mumford, rotator cuff repair is not medically necessary. The requested surgical procedure is for rotator cuff repair, which is not indicated on the MRI scan. The requested procedure is also for a Mumford procedure, which there appears not to be an indication on the imaging studies report. The ODG criteria for rotator cuff repair certainly requires a rotator cuff tear ab initio. If there was a rotator cuff tear, then 80% get better with surgery. In this case there is not even a partial rotator cuff tear, and hence the surgery cannot be found to be medically indicated. As far as the Mumford procedure is concerned, the criteria for partial claviclectomy requires posttraumatic arthritis of the AC joint. This has not been documented by x-rays or imaging studies. For this reason, the previous adverse determination is upheld.

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)**