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Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 05/05/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy, right shoulder, for diagnostic purposes w/subacromial decompression, possible RCE, partial distal clavicle excision, interscalene block, implantation of infusion pain pump & indicated procedures.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
719.41	23412		Prosp.						Overturn
726.10	29805		Prosp.						Overturn
840.9	29807		Prosp.						Overturn
715.11	29827		Prosp.						Overturn
726.12	29826		Prosp.						Overturn
724.1	29824		Prosp.						Overturn
	29822		Prosp.						Overturn
	37202		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial 04/01/08 & 04/11/08, criteria used in denial (ODG).
3. Orthopedic exams and notes 03/26, 03/27 & 04/07/2008
4. MRI 03/18/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient sustained an on-the-job injury and had pain with overhead lifting activities. A period of conservative care apparently failed. The patient's exam gave pain with overhead activity, lifting, behind the back motion, pain at night, difficulty working, some neck pain, and pain down the arm. The patient had a positive impingement test, positive Speed's test, and positive cross body adduction. MRI scan is read as showing a full thickness tear of the supraspinatus tendon and a partial subscapularis tendon, partial biceps tendon tear, possible subluxation of the biceps tendon, and glenohumeral and right acromioclavicular joint degenerative changes.

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

It would appear that the patient has pathology and disease consistent with an impingement syndrome, continuing pain, and poor results and failure to respond to conservative care. This is the type of individual who frequently undergoes arthroscopic surgery for rotator cuff repair, debridement, decompression, etc., usually with a good outcome.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)