



Medical Review Institute of America, Inc.  
America's External Review Network

Amended 05/06/08 sk

DATE OF REVIEW: May 6, 2008  
IRO Case #:

Description of the services in dispute:

Denied for medical necessity: Items in dispute: Right shoulder tear rotator cuff tear surgery, Arthroscopy with Debridement, Open Rotator Cuff Repair with Acromioplasty, Distal Clavicle Excision, Assistant Surgeon Brian Straus.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Osteopathic Board of Orthopedic Surgery. This reviewer is a fellow of the American Osteopathic Academy of Orthopedics. This reviewer is a member of the American Osteopathic Association and the Texas Osteopathic Medical Association. This reviewer has been in active practice since 1997.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should

be: Upheld

The proposed right shoulder arthroscopy with debridement, open rotator cuff repair with acromioplasty and distal clavicle excision is not medically necessary. The patient should have another MRI performed prior to considering further surgery. Also, if any procedure should be performed, which will be based on the patient's physical exam and new MRI, it should only be on open rotator cuff repair.

Patient clinical history [summary]

It should be noted there is no copy of the operative note of xx/xx/xx of the surgery that

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was performed by Dr..

It is also noted the patient had an EMG of the right arm but no report is present.

The patient had surgery on his right shoulder on xx/xx/xx. According to the records he then had physical therapy (around 25 visits). It appears he had only been put on one medication for his shoulder by Dr., Lyrica.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The patient is a male who injured his right shoulder at work. He subsequently underwent surgery on his shoulder on October 25 2007, after which he had approximately 25 visits to physical therapy. The patient continued to have pain and loss of motion and another opinion was gotten by Dr.

The patient along the way had ulnar nerve symptoms in his right hand, had an EMG performed and supposedly also had cubital tunnel syndrome. It should be noted only one MRI appears to have been performed and this is prior to his first surgery.

Looking at the first paragraph in the ODG guidelines regarding rotator cuff repair it says if there is good tissue (rotator cuff) etc. then another surgery may be allowable.

Dr. was denied performing this surgery on the patient because the patient supposedly had some of the procedures that he is requesting performed already by Dr.

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A description and the source of the screening criteria or other clinical basis used to make the decision:

Revision rotator cuff repair: The results of revision rotator cuff repair are inferior to those of primary repair. While pain relief may be achieved in most patients, selection criteria should include

patients with an intact deltoid origin, good-quality rotator cuff tissue, preoperative elevation

above the horizontal, and only one prior procedure. (Djurasovic, 2001)

ODG Indications for Surgery -- Rotator cuff repair:

Criteria for rotator cuff repair with diagnosis of full thickness rotator cuff tear AND Cervical pathology and frozen shoulder syndrome have been ruled out:

1. Subjective Clinical Findings: Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. PLUS
2. Objective Clinical Findings: Patient may have weakness with abduction testing. May also demonstrate atrophy of shoulder musculature. Usually has full passive range of motion. PLUS
3. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary views. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.

Criteria for rotator cuff repair OR anterior acromioplasty with diagnosis of partial thickness rotator cuff repair OR acromial impingement syndrome (80% of these patients will get better without surgery.)

1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS
2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night (Tenderness over the greater tuberosity is common in acute cases.) PLUS
3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS
4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.