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## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/30/08

**IRO CASE #:**

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

Open decompression, repair torn rotator cuff of the left shoulder, repair of the torn glenoid labrum, repair of the partial thickness tear of the rotator cuff

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

Board Certified in Orthopedic Surgery

### **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.

Open decompression, repair torn rotator cuff of the left shoulder, repair of the torn glenoid labrum, repair of the partial thickness tear of the rotator cuff - Overturned

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

MRI of the left shoulder without contrast, M.D., 01/13/06  
MRI of the cervical spine, Dr., 02/22/06  
Referral from M.D. to M.D., 03/31/06, 06/08/06  
Patient Information Sheet, Dr. 05/15/06  
NCV/EMG/EP Study, Dr., 05/18/06  
Examination Evaluation, Dr., 10/03/06, 06/22/07, 10/01/07, 04/21/08  
Progress Notes, Medical & Clinic, 12/18/06, 05/12/08  
Progress Notes, Medical Clinic, 03/31/06, 06/08/06  
MRI of the left shoulder, Diagnostic Center, 02/02/08  
Adverse Determination Letter, 04/25/08  
Request for surgery for 05/01/08 and 05/07/08  
Letter of Appeal, Dr., 05/05/08  
Adverse Determination Letter, 05/05/08  
The ODG Guidelines were provided by the carrier or the URA

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained an injury on xx/xx/xx while and he has had neck and left shoulder pain since. The patient returned to light duty work in May of 2006. He has had multiple shoulder MRI's and his current medications include Mobic 7.5 mg, Lidoderm patches, Norco 10/325, Restoril, Lortab, and Soma.

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

The Texas ODG states that partial repair of the rotator cuff is appropriate when the claimant's symptoms are commensurate with the pathology demonstrated on imaging studies. This claimant has pain with overhead use and clicking in his shoulder consistent with a SLAP tear, rotator cuff tendinosis, and subacromial impingement. His shoulder has been considered a portion of the occupational injury since he was originally injured. He was treated appropriately, with intra-articular injection and physical therapy. He has continued to work. Therefore, I believe he meets the criteria set forth in the ODG and the proposed surgery, an open decompression, repair of the torn glenoid labrum and repair of the partial thickness tear of the rotator cuff, is reasonable and necessary. This is based upon the Texas ODG and my review of the medical records. Further information can be found in *Campbell's Textbook of Orthopedic Surgery*.

**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)**