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Notice of Independent Review Decision

DATE OF REVIEW: October 3, 2008

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Arthroscopy, rotator cuff repair, right shoulder

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Overturned

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was xx years old when he was reported to have sustained an injury to his right shoulder on xx/xx/xx. On this date, the employee attempted throw a box full of produce weighing approximately 70 pounds into a trash compactor and subsequently developed right shoulder pain.

On xx/xx/xx, the employee was evaluated by Dr.. The records indicate that the employee had a history of diabetes and was on Metformin. He did not smoke or drink. Upon physical examination, abduction was reported to be limited to 70 degrees. There was decreased strength noted against resistance. He was tenderness to palpation of the subacromial area. Jobe's test and Hawkin's test were positive. The employee was neurovascularly intact. The employee was diagnosed with a right shoulder strain and suspected rotator cuff injury. He was provided oral medications and referred for MR arthrogram.

On 07/30/08, the employee underwent MR arthrography. This study reported a full thickness partial width tear predominantly anterior supraspinatus tendon insertion with abnormal signal in the insertion site at the humeral head. Signal was increased suggesting injury. There was impingement between the acromion and the supraspinatus tendon. There appeared to be a tear of the underside of the anterior deltoid muscle overlying the biceps tendon. There was no fracture, and the glenoid

appeared intact.

The employee was seen in follow-up on 07/31/08. The employee continued to have complaints of right shoulder pain. He felt like there was a ball in his shoulder. His physical examination was unchanged. The employee was diagnosed with supraspinatus and deltoid tear with subacromial impingement. The employee was referred to orthopedics.

On 08/07/08, the employee was evaluated by Dr.. At that time, the employee reported that he had never experienced a problem with his shoulder prior to this. His past medical history included diabetes. His past surgical history included cholecystectomy a lower lumbar fusion and a cervical fusion. Upon physical examination, the employee was 5 feet 7 inches in height and weighed 195 pounds. He had limited cervical range of motion due to his fusion. He did not appear to have any midline or paraspinal tenderness. There was some noted atrophy of the supra and infraspinatus fossa. The employee had no obvious tenderness to the AC joint, although there was a slightly larger size to the joint. He had discomfort in the anterior subacromial location. His biceps had normal symmetry. The employee had limited motion of the shoulder. Actively, the employee was only able to obtain 20 degrees of abduction. When he used his contralateral limb to move it to about 90 degrees, he was able to then activate the deltoid and move it through the full arc. External rotation was also limited to about 30 degrees because of pain and strength was graded as 4/5. The employee had normal flexion extension of the elbow with 5/5 strength. Examination of the left upper extremity was normal. Radiographs revealed a well preserved joint space and moderate AC degenerative disease. An MRI revealed a very interior full thickness tear through the insertion of the supraspinatus tendon. There was some mild degeneration to the labrum but no SLAP tear was present. The employee was diagnosed with an acute right shoulder supraspinatus full thickness tear. Dr. recommended treatment by arthroscopic rotator cuff repair.

The employee was seen in follow-up by Dr. on 08/13/08. The employee had made no improvement. It was reported that the employee had undergone a Cortisone injection which helped.

On 08/15/08, the case was reviewed by Dr., who reported that prior records reflected long-standing issues with the shoulders and neck. The employee was a xx year old diabetic performing usual job tasks. Dr. reported medical necessity was not established for operative intervention. She further recommended a left shoulder MRI for comparison. Dr. non-certified this request.

The request was appealed on 08/22/08, and the case was reviewed by Dr. Dr. reported he received no additional clinical records, and therefore, could not recommend overturning the initial adverse determination.

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

I would disagree with the two previous reviewers in that the requested right shoulder arthroscopy with rotator cuff repair is considered medically necessary.

The available medical records indicate that the employee is a xx year old male who sustained an injury to his right shoulder when he attempted to throw a box weighing 70 pounds into a compactor. The records very clearly indicate that the employee has a

history of diabetes. He has no history of prior shoulder injuries. His past surgical history is remarkable for both cervical and lumbar fusions. However, it would be noted that the employee was working full regular duty and did not have any reluctance in picking up a 70 pound box.

The employee was subsequently referred for MR arthrogram on 07/30/08. This study reported a full thickness partial width tear of the supraspinatus tendon insertion. There further appears to be another tear to the underside of the anterior deltoid.

The employee has been treated with oral medications and received a single corticosteroid injection which reduced his pain. However, it resulted in no functional improvement. The employee's range of motion is severely limited on Dr. examination dated 08/07/08. Further conservative care will not result in any improvement in the employee's range of motion and would most likely result in a retracted rotator cuff tear with a poor chance of postoperative recovery.

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

1. The ***Official Disability Guidelines***, 11th Edition, The Work Loss Data Institute.
2. S. Terry Canale, MD, Campbell's Operative Orthopedics, 10th edition University of Tennessee-Campbell Clinic, Memphis TN, Le Bonheur Children's Medical Center, Memphis, TN ISBN 0323012485.