



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

DATE OF REVIEW: September 26, 2008

IRO Case #:

Description of the services in dispute:

Denied for medical necessity: Items in dispute: Left Shoulder Arthroscopy with SAD and Rotator cuff repair.

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 Board of Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Society of Military Orthopaedic Surgeons. This reviewer completed a fellowship in Adult Reconstruction. This reviewer has been in active practice since 2001.

Review Outcome

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

Upheld.

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.

The request for a Left Shoulder Arthroscopy with SAD and Rotator cuff repair is not medically necessary, as the patient has not undergone a trial of non-operative treatment to include physical therapy.

Information provided to the IRO for review:

Records received from the State:

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547
(801) 261-3003 (800) 654-2422 FAX (801) 261-3189
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Request for an IRO 9/5/08 8 pages
Peer to peer outcome 7/18/08 3 pages
Reconsideration outcome 8/13/08 2 pages
Request for review undated 1 page
Visit notes 5/30/08, 7/15/08, 8/1/08, 6 pages
Imaging report 6/24/08 2 pages
ODG Guidelines were not submitted for review

Records received from the provider:

MRI report 2/15/08 3 pages
History and physical exam 11/12/07 3 pages
PT re evaluation 6/26/07 4 pages
Office visit notes 9/25/07, 8/20/07, 8/7/07, 7/24/07, 6/25/07, 6/5/07, 5/22/07, 4/17/07,
3/22/07, 3/5/07, 2/26/07, 2/6/07 24 pages
Employees request to change treating doctor 12/27/07, 1/21/08 4 pages
Texas Workers Compensation work status report 2/14/08, 2/26/08, 3/6/08, 4/4/08, 5/2/08,
5/30/08, 7/15/08, 8/1/08 8 pages
Operative report 2/27/08 2 pages
Hospital admitting information undated 1 page
Certification letter 2/14/08 1 page
PT initial evaluation 3/5/08 6 pages
Visit notes 3/6/08, 4/4/08, 5/2/08, 5/30/08, 7/15/08, 8/1/08, 15 pages
Certification letter 3/12/08 1 page
PT communication note 4/4/08 1 page
PT discharge summary 5/16/08 1 page
Visit note 2/14/08 3 pages
Letter 6/4/08
Imaging report 6/24/08 2 pages
Radiology order form 6/24/08 1 page
Peer review 7/18/08 6 pages
Handwritten note regarding surgery denial 7/16/08 1 page
Prior authorization request 8/11/08 3 pages
Peer review 7/16/08 3 pages
Request for medical records 9/8/08 1 page
Letter regarding certification 2/14/08, 3/12/08 2 pages

Additional records received from the treating provider on 9/25/08:

X-ray report 11/17/07 1 page
Texas workers compensation work status report 8/8/07, 3/22/07, 3/7/07, 2/21/07, 2/7/07,

1/24/07, 1/17/07 7 pages
Office visit note 2/6/07 1 page
Laboratory report 8/8/07, 8/10/07, 3/22/07 7 pages
Lab results 2/2/07 1 page
Fax coversheet regarding surgery scheduling 8/13/07 2 pages
Preop history and physical 8/13/07 1 page
Copies of prescriptions for lab work, EKG undated 1 page
Pre op history and physical 4/2/07 1 page
ECG report 8/8/07 2 pages
Office visit notes 1/17/07, 1/24/07, 2/7/07, 2/21/07, 3/7/07, 3/22/07, 8/8/07 10 pages

Patient clinical history [summary]:

The patient is a male who sustained an injury at work to his left shoulder and knee on xx/xx/xx. He was seen and evaluated by Dr. beginning on 2/6/07. Specific evaluation and treatment for his left shoulder included two subacromial injections and an MRI that demonstrated a supraspinatus full thickness tear. He underwent left shoulder rotator cuff repair on 5/2/07. The patient was noted to be progressing well postoperatively by Dr. on 8/20/07. The last documented therapy visit on 6/26/07 noted that the patient was having some pain with activity. Dr. evaluated the patient on 11/12/07 and noted that the patient was having some pain in his left shoulder, but that he was able to perform his job. Dr. initially evaluated the patient's left shoulder on 5/30/08, noting a normal range of motion, 6/10 pain, tenderness at the supraspinatus insertion and 5/5 strength. An arthrogram was ordered. The next note by Dr. 7/5/08, noted flexion to 120 degrees and abduction to 160 degrees, tenderness at the subacromial space, 6/10 pain, and 4+/5 strength. Impingement sign was recorded as positive and the CT arthrogram of the left shoulder on 6/27/08 noted a "very tiny" full thickness infraspinatus tear and a "tiny" grade 1 tear of the superior labrum. Dr. noted on the 8/1/08 visit that the patient's motion was now 160 degrees of flexion, 160 degrees of abduction, and 60 degrees of internal and external rotation with pain. He also suggested that physical therapy would worsen the tear and indicated the patient for left shoulder arthroscopy, subacromial decompression and rotator cuff repair.

An additional 78 pages of records were received and reviewed on 9/25/08. These notes included the primary care evaluation that led to referral to Dr. Also included were a few of the early notes and preoperative history and physicals from Dr. These notes did not include any physical therapy orders or any physical therapy notes after care was accepted by the second orthopaedic surgeon after patient underwent the left rotator cuff repair. The patient should undergo physical therapy treatment prior to consideration of repeat left shoulder surgery.

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

The patient has continued pain after a rotator cuff repair, performed on 5/2/07. He is being treated by a second surgeon, who is recommending repeat arthroscopy, SAD and repeat rotator cuff repair. The patient did receive physical therapy after surgery and the last therapy note is from 6/26/07. The status of the patient's shoulder is unclear from 8/20/07 until Dr. 's exam on 5/30/08, but the note by Dr. on 11/12/07 stated that the patient was able to perform his job duties. No repeat injury to the left shoulder is noted and the CT arthrogram on 6/27/08 noted a "very tiny" full thickness infraspinatus tear and a "tiny" grade 1 tear of the superior labrum. This tear may represent the sequelae of the surgery and it is not measured by the radiologist. "Very tiny" likely indicates that it is a tear or defect less than 1cm. Dr. has not ordered physical therapy, nor prescribed any other non-operative treatment for the new diagnosis of impingement, noted on 7/5/08. Rotator cuff tears, particularly those less than 1cm, and subacromial impingement respond well to physical therapy. Furthermore, ODG guidelines recommend 3 months of continuous or 6 months of intermittent physical therapy for impingement syndrome and rotator cuff tears.

Denied for medical necessity: Items in dispute: Left Shoulder Arthroscopy with SAD and Rotator cuff repair

Surgery is not medically necessary, as the patient has not undergone a trial of non-operative treatment to include physical therapy.

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

ODG Guidelines