

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 28, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed right shoulder rotator cuff repair (23130, 23410)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
234.10, 840.9, 840.4	23130, 23410		Prosp	1				03167-000173-wc01	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 31 pages of records received to include but not limited to: letter 2.13.09, 2.24.09; Orthopaedic Surgery group notes, 4.28.08-1.19.09;

MRI Right shoulder 9.4.08

Requestor records- a total of 22 pages of records received to include but not limited to:
DDE 10.14.08; MRI Right shoulder 11.23.07,9.4.08; Orthopaedic Surgery group notes, 4.28.08-
2.16.09

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman has already had subacromial decompression and excision of the distal clavicle for a partial rotator cuff tear, bursal side. Since that time, the patient has had some improvement during physical therapy, however, he has continued to complain of pain. An MRI was obtained. Another MRI on 09/04/2008 and was described as a bursal side tear, 5 mm distally and 1 cm above the implantation. It also described tendinopathy with marked thickening at the critical zone.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Under these circumstances and based upon the information available, it appears that the bursal side tear is relatively small in terms of the overall thickness of the tendon. General consensus in the orthopedic community associated with shoulder surgery tends to agree that a tear that is 50% of the full thickness may well be one that should be repaired. This does not approach that based on the records. Additionally, the indications to return to surgery for a rotator cuff repair do not fit the ODG guidelines.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES