

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/21/2009

**IRO CASE #:**

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

Left Shoulder Arthroscopy, arthrotomy, mumford procedure, acromioplasty, and rotator cuff repair

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

M.D., 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 3/31/09, 4/7/09

MD, 3/25/09, 3/4/09, 1/21/09, 12/16/08, 12/4/08, 4/1/09

MRI, Left Shoulder, 10/31/08

Accident & Injury Care, 10/22/08

MD, 12/6/08

ODG Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker injured on xx-xx-xx. She has had various conservative treatments including injections with cortisone with positive response. She has had physical therapy. She continues to have clinical findings suggestive of impingement. She has documented MRI scan findings of partial thickness rotator cuff tear, type 3 acromion, osteophytes affecting the acromioclavicular joint, and pain with range of motion. She has also been treated with nonsteroidal anti-inflammatory medications. There is documented finding as mentioned in the MRI scan of acromiohumeral outlet stenosis, partial thickness tearing of both the subscapularis and supraspinatus tendon, and inferior surface tearing of the superior labrum extending into the anterior labrum with subluxation of the biceps tendon. Current request is

for arthroscopic acromioplasty, debridement, indicated Mumford.

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

Based upon the ODG Guidelines, it is considered that the majority of patients with impingement and partial treatment tears will resolve with conservative care and time. The records indicate that this particular patient has not resolved with significant time and all the appropriate conservative care. The records show she has certain risk factors for the partial tear progressing into a full tear, i.e., the type 3 acromion and the acromioclavicular osteophytosis. Given the various positive responses and relief of pain from subacromial injection, this patient meets the ODG criteria for debridement with impingement syndrome and not a complete rotator cuff tear. It is for this reason that the previous Adverse Determination has been overturned as the treating physician has indeed satisfied the elements of the Guidelines, in this reviewer's opinion. The previous reviewer appears to have denied this patient based upon the absence of a complete rotator cuff tear and certain questions of compensability. This reviewer addressed it as medical necessity only as required by the IRO. The reviewer finds that medical necessity exists for Left Shoulder Arthroscopy, arthrotomy, mumford procedure, acromioplasty, and rotator cuff repair.

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

ACOEM-AMERICA 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)