

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Mini Open Rotator Cuff Repair, Clavisectomy, Debridement, Decompression Right Shoulder

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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 2/11/09, 2/24/09

Radiology Reports, 4/7/94

MRI Right Shoulder, 10/23/06

Dr. 12/14/06

DO, 1/17/07, 4/19/07, 4/16/08, 8/4/08, 10/12/05, 12/19/05, 3/20/06, 10/16/06, 11/10/06, 2/28/07,

MD, 3/13/07

C-Spine, MRI of the C-Spine, 5/6/04

Lab Results, 10/95, 10/05, 12/06

Right Shoulder, Right Hip Imaging, 11/15/97

Operative Report, 11/7/05

PT Notes, 11/1/05, 11/3/05, 11/23/05

MD, 3/27/08

PATIENT CLINICAL HISTORY SUMMARY

This is a male who has had multiple injuries and surgeries including a motor vehicle accident in xxxx and also xxxx. The date of injury is xx/xx/xx. He had a total hip replacement performed. He has shoulder weakness. X-rays have been taken showing some degenerative change in the shoulder. An MRI scan of the shoulder showed glenohumeral arthritis with inferior osteophytes, loss of joint space, acromioclavicular arthropathy, and

significant rotator cuff tendinopathy but without tear. He has undergone extensive conservative care including injections, physical therapy, HEP, and nonsteroidals. He continues to work. Current request is for shoulder arthroscopy and debridement and if possible, mini-open rotator cuff repair.

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

Based upon the medical records provided, this patient has exhausted all the nonoperative care as outlined in the Official Disability Guidelines and Treatment Guidelines. The MRI scan provides support for medical necessity for this procedure. Based upon the review of the medical records, the reviewer finds that this particular request does, in fact, conform to the spirit of the Official Disability Guidelines and Treatment Guidelines. It is for this reason the previous adverse determination has been overturned. This reviewer makes no comment as to the compensability of this particular pathology but only as to the medical necessity of the recommended treatment. The reviewer finds that medical necessity exists for Mini Open Rotator Cuff Repair, Clavisectomy, Debridement, Decompression Right Shoulder.

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)