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Notice of Independent Review Decision

DATE OF REVIEW: August 12, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Revision rotator cuff repair, left shoulder

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Utilization reviews (07/22/09, 07/28/09)
- Diagnostics (12/09/08 – 05/28/09)
- Procedures (01/21/09 – 03/24/09)
- Office visits (07/10/09)
- Utilization reviews (07/22/09, 07/28/09)

, M.D.

- Office visits (09/05/08 – 07/10/09)
- Diagnostics (12/09/08 - 05/28/09)
- Procedures (01/21/09 - 03/24/09)
- Utilization reviews (07/22/09, 07/28/09)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who injured her left shoulder and upper back region on xx/xx/xx, while lifting clothing off the line.

2008: Following the injury, the patient was treated with medications , M.D. Her condition worsened, resulting in swelling of the left upper extremity. She was released to work with no usage of the left upper extremity, resulting in right shoulder and cervical spine complaints as well.

On September 5, 2008, D.C., evaluated the patient for left shoulder weakness and stiffness, numbness of the middle and ring fingers of the left hand, swelling of the left superior and lateral shoulder regions, and pain in the anterior, lateral, and superior left shoulder joint region.

, M.D., an orthopedic surgeon, noted the patient had undergone one month of physical therapy (PT) that was stopped due to pain. On examination, there was a painful and weak resisted abduction, positive impingement signs, and tenderness over the anterolateral acromion.

Magnetic resonance imaging (MRI) of the shoulder showed tendinopathy of the supraspinatus tendon and acromioclavicular (AC) joint arthropathy. Dr. diagnosed left shoulder rotator cuff tear and impingement and prescribed nonsteroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants.

A post-arthrogram MRI of the left shoulder demonstrated partial-thickness tear of the suprascapularis and supraspinatus tendons. Dr. noted the patient had regressed and had more stiffness, poor motion, and was developing adhesive capsulitis.

2009: On January 21, 2009, , D.C., performed manipulation under anesthesia (MUA) of the left shoulder without any relief. The patient then underwent a steroid injection to the shoulder that did not alleviate her symptoms. She complained of persistent pain with weakness radiating down the left hand.

Electromyography/nerve conduction velocity (EMG/NCV) study of the cervical spine and upper extremities was unremarkable.

On March 24, 2009, Dr. performed arthroscopic rotator cuff repair, subacromial decompression, and MUA of the left shoulder. Postoperatively, Dr. noted decreased range of motion (ROM), muscle spasms, weakness, and joint crepitus in the shoulder.

A post-arthrogram MRI of the left shoulder was obtained showing partial-thickness tear of the subscapularis and supraspinatus tendons (no significant change when compared with the previous study).

, M.D., an orthopedic surgeon, noted decreased ROM of the left shoulder, tenderness over the anterolateral region, painful internal and external rotation, and a positive impingement sign. X-rays of the left shoulder were unremarkable. Due to continued pain with activity and weakness with loss of motion and failure

of conservative treatment, Dr. recommended a revision arthroscopy to examine the partial rotator cuff tear.

On July 22, 2009, , M.D., denied the request for revision arthroscopy with the following rationale: *“As of the time that this review was submitted, no return call had occurred. In the absence of any additional information, it would not appear that this patient has met criteria for repeated surgery to achieve subacromial decompression of the shoulder. There is no documentation of postoperative PT. No medication treatment is documented.”*

On July 28, 2009, , M.D., denied the request with the following rationale: *“This is a fairly complex case with prior arthroscopic cuff repair in January 2009 followed by a manipulation the same month. A second arthroscopic decompression was performed on March 24, with manipulation. The MRI after the most recent intervention does not reveal full-thickness pathology. Unfortunately, extraordinarily poor ROM has been documented in a note from nearly four months after surgery with positive complaints on impingement testing. There is no documentation of full-thickness pathology. Decompression procedures have been performed twice. Manipulation procedures appear to have been performed twice. Conservative treatment since the most recent surgical intervention is a bit unclear. There is no documentation of the provision of physical therapy (PT) or compliance with PT. There is no documentation of recent injection therapies of oral anti-inflammatory therapies. Based on the information provided alone, I would not be able to recommend as medically necessary the proposed additional surgical intervention for this young claimant’s shoulder.”*

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

The analysis of the two previous reviewers appears to be accurate in that there is a lack of indication for revision surgery based on the assumption that a rotator cuff repair was actually performed; however, there is substantial evidence that this is not the case. After reading the entire operative report from Dr. , it appears evident that although there is mention of a rotator cuff repair in the “procedures performed” section of the operative report, there is no description of such in the body of the report—he only states that the “previously marked rotator cuff tear is arthroscopically repaired in standard fashion.” However, there is no indication previously in the note that he marked the tear, and it is unknown if he was referencing the subscapularis or the supraspinatus tear specifically. In fact, he only describes the supraspinatus lesion—there is no indication that he even inspected the subscapularis. Furthermore, it is not typical for a surgeon to fail to describe the technique of repair, the materials used for repair, and the outcome of the repair. Considering that the pre-op and post-op MRIs are unchanged—a situation that is completely unanticipated following a cuff repair—it appears evident that Dr. did not perform repair of either the subscapularis or supraspinatus tendons. Subscapularis lesions, in particular, are a recognized source of pain and a known cause of arthroscopic postoperative failure.

Thus, it appears that the two previous reviewers were basing their opinion on the operative report provided by Dr. , and as stated, the procedure ostensibly performed does not match the body of the report and does not correlate to the postoperative MRI. As such, and considering that even a partial thickness

subscapularis tendon tear can remain symptomatic and be a cause of postoperative failure, it would appear medically reasonable and necessary to proceed with the procedure requested by Dr. .

In addition, ODG is silent with regard to repeat shoulder surgery. Evidence-based sources such as *Orthopaedic Knowledge Update, Shoulder and Elbow 3*, (AAOS) and *The Shoulder*, 4th ed, (Rockwood) are good sources that describe the necessity of careful inspection and repair of partial and full-thickness tears of the subscapularis tendon.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Orthopaedic Knowledge Update, Shoulder and Elbow 3, (AAOS);
The Shoulder, 4th ed, (Rockwood)