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DATE OF REVIEW: June 18, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right shoulder mini-open rotator cuff repair, arthroscopic acromioplasty, and lateral clavical resection to include CPT code #24342

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

Diplomate, American Board of Orthopaedic 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

PATIENT CLINICAL HISTORY:

The case revolves around a male who was climbing a rope ladder when he ruptured his proximal biceps tendon. The date of the injury was xx-xx-xx.

The patient was evaluated at and subsequently referred to, M.D. Dr. records indicate complaints of proximal biceps pain and disfiguration of the biceps muscle. He saw the patient on a couple of occasions and recommended surgery.

This surgery was denied as not in keeping with ODG.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL

BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The surgery requested was a right shoulder mini-open rotator cuff repair, arthroscopic acromioplasty, lateral clavicle resection, and CPT code 24342. It is my opinion that the denial of the surgery is appropriate, and the previous adverse determination should be upheld. Dr physical examination of the patient is not in keeping with ODG for a rotator cuff repair. Additionally, CPT code 24342 is a distal biceps repair. The patient does not have a distal biceps rupture, however, has a proximal biceps rupture.

Therefore, it is my opinion that Dr. physical examination findings are insufficient according to ODG to justify a mini-open rotator cuff repair, acromioplasty, and distal clavicle resection. Additionally, CPT code 24342 is inappropriate for this case.

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

- ACOEM- AMERICAN 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)