



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 3/26/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include a repeat right shoulder arthroscopy with AC decompression and rotator cuff repair.

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

The reviewer is an MD who is a board certified orthopedic surgeon who has been practicing for greater than 15 years.

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)

The reviewer agrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: orthopedics (CD received on 3/26/09), Dr. and URA

These records consist of the following (duplicate records are only listed from one source): Dr. daily notes from 10/14/08 to 2/19/09 and 12/30/08 right shoulder MRI report.

Notes from Med Group from 03/12/08 to 11/20/08, notes from Dr. 5/6/08 to 2/19/09, denial letters 2/6/09 and 2/19/09, 3/18/08 case management letter, 4/7/08 right shoulder arthrogram and MRI report, 5/16/08 denial letter, 6/17/08 initial consult MD, 6/12/08 RME by MD, 6/19/08 cervical MRI report, 7/1/08 approval letter for neurodiagnostic testing, 6/18/08 approval letter, 6/25/08 case

management letter, 7/18/08 operative report, 7/22/08 follow up, 8/12/08 and 10/2/08 approval letters for PT, 10/28/08 approval letter for MUA and injection, 11/11/08 procedure note for MUA, 12/1/08 and 12/16/08 approval for PT letters and PT summary.
precert request 2/3/09, 2/16/09 UR request (handwritten) and a ransford pain drawing (undated).

We did not receive a copy of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case concerns a male with previous rotator cuff tear repair in xxxx. He injured his right shoulder while unloading xx/xx/xx. After conservative care he underwent rotator cuff repair 7/18/08 and MUA 11/08. An arthrogram in November of 2008 showed a 5mm rotator cuff tear. The MRI on 12/30/08 reveals fatty atrophy rotator cuff and retraction of supraspinatus with shoulder joint arthritis.

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

The ODG shoulder section on Revision rotator cuff repair indicates: "The results of revision rotator cuff repair are inferior to those of primary repair. While pain relief may be achieved in most patients, selection criteria should include patients with an intact deltoid origin, good-quality rotator cuff tissue, preoperative elevation above the horizontal, and only one prior procedure". All seventeen patients who met all four of these criteria had a satisfactory result in the Djurasovic study. This patient does not meet all of the criteria.

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) Djurasovic M, Marra G, Arroyo JS, Pollock RG, Flatow EL, Bigliani LU. Revision rotator cuff repair: factors influencing results. *J Bone Joint Surg Am.* 2001 Dec;83-A(12):1849-55.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)