

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Open repair of right rotator cuff tear

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, 1/8/09, 1/20/09

MD, 10/24/08, 8/22/08, 7/25/08, 6/27/08, 5/23/08, 4/25/08, 4/11/08, 4/4/08, 3/28/08,

History & Physical, 3/18/08

Operative Report, 3/26/08

CT of the Right Shoulder without Contrast, 11/21/08

MR Arthrogram, 11/21/08

CT Upper Extremity, 4/18/06

Right Shoulder Arthrogram, 4/10/06

Patient Information, 3/18/08

3/3/08

MD, 9/29/08

Letter from Patient, 3/8/09

CD with Radiology Report

PATIENT CLINICAL HISTORY SUMMARY

This is a female whose date of injury is noted as xx/xx/xx. She has had rotator cuff surgery in March 2008 and a previous rotator cuff injury in 2003. She currently has pain and weakness and restricted range of motion with severe reduction in abduction and external rotation when

compared to the contralateral upper shoulder. Her last surgery apparently was on 03/26/08, at which time she had rotator cuff repair along with subacromial decompression. Recent imaging study on 11/21/08 reveals a large recurrent full thickness tear with retraction of 2.8 cm. The presence of previous surgical anchors are noted.

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

The previous reviewer denied this revision rotator cuff repair due to the fact that the results of the original repair are inferior to those of the primary repair. The reviewer noted, however, that pain relief may be achieved in most patients, provided there is an intact deltoid and good quality rotator cuff tissue. In this particular patient's instance, the rotator cuff is clear. The medical records indicate that retraction, while present, is not to such a degree that a shoulder surgeon could not reimplant the muscle. There is no evidence in the records that the rotator cuff tissue is of poor quality. While the patient has lack of active motion, which is apparently limited by pain as far as the reviewer can determine from the records, the records did not indicate that there was any fixed contracture. It is for these reasons that the previous adverse determination is overturned. While the ODG Guidelines do note that only one prior procedure is an indicator of good results, in this particular case, given the nature of the imaging studies and the physical examination, it is this reviewer's opinion that the ODG Guidelines criteria are met and that the medical necessity for this procedure is supported by the medical records provided. The reviewer finds that medical necessity exists for Open repair of right rotator cuff tear.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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