



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 05/22/09

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute: Right shoulder arthroscopy, rotator cuff repair, debridement, and acromioplasty.

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

Texas Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male. He has comorbid conditions including Type II diabetes mellitus and hypertension.

According to the medical records provided for this review, the employee sustained an injury to his right shoulder while working on xx/xx/xx. The mechanism of injury was not clear.

An MRI was performed on 01/20/09 and reported a partial tear of the supraspinatus tendon, acromioclavicular joint osteoarthritis and subacromial spurring, and minimal subacromial subdeltoid bursitis.

Dr. an orthopedic surgeon, has examined the employee and has noted weakness and restriction of range of motion. The medical documentation is rather scanty except for the extensive cardiovascular reports. The orthopedic examination was reported on a template that was very difficult to interpret. There was one antidotal report that indicated the employee may have had one physical therapy visit, a home exercise program, and medication.

**Official Disability Guidelines** recommend repair of the rotator cuff for significant tears, especially in younger workers. Conservative care has results similar to surgical treatment but without the surgical risks. Studies evaluating conservative treatment of full thickness rotator cuff tears has shown an 82% to 86% success rate for patients presenting within three months of injury.

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

The medical records provided for this case do not indicate any extensive conservative care. There have been no injections, no active rehabilitation effort, and very little supervised physical therapy. Based on these medical records, this employee does not have indications for shoulder surgery. Therefore, the request is not certified.

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

#### **1. *Official Disability Guidelines***