



IMED, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 10/15/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Right shoulder arthroscopy re attach biceps CPT #23430, #29826, #29824 and 2 day inpatient stay

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

1. M.D., 12/04/08
2. M.D., 12/08/08 thru 05/08/09
3. Operative report, 01/27/09
4. Healthcare, 04/29/09
5. M.D., 06/29/09, 08/04/09
6. M.D., 07/29/09
7. M.D., 07/29/09
8. Functional Capacity Evaluation, 07/29/09
9. M.D., 08/03/09
10. M.D., 08/12/09
11. M.D., 09/15/09
12. 08/12/09, 09/16/09
13. ***Official Disability Guidelines***

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was injured on xx/xx/xx while lifting.

The employee subsequently underwent an arthroscopic repair of the SLAP lesion, along with a distal clavicle resection of the acromioplasty.

Since the surgery in xx/xx the employee has experienced persistent cramping in the shoulder, along with numbness and tingling in the lateral three digits of the right arm.

An MRI of the right biceps/upper extremity was performed on 07/29/09 and was normal. The biceps tendon was normal in appearance and no fluid collection.

An MRI of the right elbow was performed on 07/29/09 was also normal. The distal biceps tendon was intact.

Dr. examined the employee on 08/04/09 and recommended repair of the ruptured biceps tendon. Physical examination reported flexion and abduction to 170 degrees, along with external and internal rotation to 90 degrees.

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

Official Disability Guidelines specified no surgery should be indicated if three or more months have elapsed. This employee has undergone MRI studies that were apparently normal. This was somewhat contradictory with the surgery report and with the physical findings. However, the employee has had normal range of motion and good strength in the shoulder. There were no indications for the requested surgery. The request specifically lies outside of the guidelines recommended by the ***Official Disability Guidelines***.

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

1. Official Disability Guidelines