



Notice of Independent Review Decision

DATE OF REVIEW: 08/27/09

DATE OF AMENDED REVIEW: 10/13/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right Shoulder Arthroscopy with Post MRI Diagnostic

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

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Right Shoulder Arthroscopy with Post MRI Diagnostic - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Physician Report, M.D., 10/22/08
- CT Left Shoulder, M.D., 04/29/09
- Office Follow Up, Dr. 05/06/09
- Office Note, M.D., 05/18/09, 06/08/09
- Left Shoulder Arthrogram, M.D., 06/04/09
- CT of Left Shoulder, Dr. 06/04/09
- Pre-authorization Request, Dr. 06/10/09
- Denial Letter 07/22/09, 08/05/09

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was involved in an accident in which a piece of concrete fell on his neck. He developed pain in several areas, undergone several surgeries of the cervical spine and of the right and left shoulders, a CT of the left shoulder and left shoulder arthrogram. He was currently on Hydrocodone, Diazepam and Cymbalta.

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

No. The medical record provided did not document conservative treatment, and a fifth CT arthrogram did not document a rotator cuff tear that would support the requested surgery. According to the ODG, conservative care and documentation of the care is indicated.

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)**