

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 22, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed rotator cuff repair, arcomioplasty and excision of distal clavicle of the right shoulder (23410, 23130)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
840.4	23410, 23130		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO- 20 pages

Respondent records- a total of 62 pages of records received to include but not limited to:

TDI letter 9.2.09; letter 8.18.09, 6.30.09; records from Dr. 6.16.09-7.31.09; MRI Rt Shoulder 4.24.09; letter 6.30.09, 8.18.09; Physical Therapy notes 7.14.09-7.30.09

Requestor records- a total of 0 pages of records received to include but not limited to:
Faxed initial request for records 9.2.09, faxed 2nd request for records 9.8.09; left message regarding records; No response

PATIENT CLINICAL HISTORY [SUMMARY]:

The date of injury is noted as xx/xx/xx. The injured employee was reported pulling a tag line and noted a strain of the shoulder. The June 16, 2009 progress notes indicate a positive impingement test and a negative Spurling's sign. There was marked DJD of the acromial clavicular joint and an impingement syndrome identified. A course of physical therapy was tried; the injured employee reports that he is no better.

The MRI dated April 24, 2009 noted supraspinatus tendinopathy and other ordinary disease of life changes with no competent, objective and independently confirmable medical evidence of an acute lesion being reported. This study was limited by a number of factors.

The initial request for surgical intervention was not-certified; denial reason stated the standards identified in the Official Disability Guidelines were not met.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

As noted in the Division mandated Official Disability Guidelines and as reported by Dr., there is a specific checklist to win the approval from the State to proceed with surgical intervention. In this case, the treatment plan parameters outlined in the ODG are not met. In addition, the maladies being addressed are ordinary disease of life degenerative changes and not a function of this specific compensable injury. The MRI notes a mild tendinopathy as the only sequale of the mechanism of injury. One does not treat that with surgical intervention. The AC joint issue being dealt with is a pre-existing situation wholly unrelated to the reported mechanism of injury. Therefore, when noting the specifics listed in the ODG for a rotator cuff tear repair, these are not met.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES