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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/25/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Outpatient left shoulder arthroscopy with open rotator cuff repair

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Orthopedic Surgeon

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

Official Disability Guidelines 2010 Updates: Chapter shoulder: rotator cuff tear
Adverse Determination Letters, 12/11/09 and 12/23/09
MRI Report: 10/20/09
Fax Sheet: 12/02/09, 12/08/09 and 12/16/09
Office Note, Dr.: 12/08/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant sustained a left shoulder injury on xx/xx/xx when he slipped getting out of a truck and "jerked" his shoulder. He noted severe pain around the acromioclavicular joint and supraspinatus tendon. Left shoulder MRI performed on 10/20/09 showed acute inflammatory arthropathy in the acromioclavicular joint with partial disruption of the joint capsule superiorly and there was reactive marrow edema; small subdeltoid and subacromial bursitis; small acromial surface tear of the myotendinous junction of the supraspinatus tendon in association with tendinitis that was an average of six millimeters in coronal views and one centimeter in sagittal views with no significant full thickness tear seen; Type II acromion process with concave undersurface; mild osteoarthritis with mild fraying and myxoid degeneration of the labrum without significant labral tear; and normal biceps. He treated with activity modification, pain medication, anti-inflammatories, physical therapy and cortisone injection that offered temporary relief. The claimant had ongoing complaints of pain and limited motion. Dr. evaluated the claimant on 12/08/09 with notation the claimant was a diabetic; was taking Hydrocodone and anti-inflammatories without much relief; and was unable to lay on the left side. Physical examination demonstrated left deltoid atrophy; active forward flexion was significantly less than passive; positive left drop arm test; strength of 2/5 in all

rotator cuff groups; positive impingement; and tenderness at the biceps groove, subacromial space and proximal humerus. Dr. indicated MRI findings of torn rotator cuff. Recommendation was made for left shoulder arthroscopy with open rotator cuff repair. A reconsideration on 12/16/09 noted MRI findings of acromioclavicular joint disruption with supraspinatus tendon tear. Surgery continued to be recommended.

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

The request is for left shoulder arthroscopy and open rotator cuff repair. The patient has had continued complaints of pain despite activity modifications, pain medications, PT, and cortisone injection. The latter resulted in temporary relief. He has ongoing complaints of pain and limited motion. He is now three months out from his injury. Physical examination demonstrated atrophy with weakness. Dr. reviewed the MRI and felt that there was a tear. In light of his ongoing complaints of pain and failure to respond to conservative treatment left shoulder arthroscopy is appropriate. He has had three months of conservative treatment and has failed to respond conservative treatment. At the time of the arthroscopy if there is a complete rotator cuff tear or significant partial tear a rotator cuff repair would be indicated. He has limited motion and weakness. He has positive impingement signs. In light of his failure to respond to conservative treatment surgery acromioplasty would be indicated if there is a significant tear. It should also be repaired at the time of surgery. The request conforms to the Official Disability Guidelines. The reviewer finds that medical necessity exists for Outpatient left shoulder arthroscopy with open rotator cuff repair.

Official Disability Guidelines 2010 Updates: Chapter shoulder: rotator cuff tear

RCR: Indications for Surgery -- Rotator cuff repair: Cervical pathology and frozen shoulder syndrome have been ruled out

Full thickness:

Subjective: pain and inability to elevate the arm; tenderness over the greater tuberosity.

Objective: may have weakness with abduction testing. May have atrophy. Usually full passive range of motion.

Imaging: XR AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff

Partial thickness (80% of these patients will get better without surgery).

Conservative: 3 - 6 months: 3 continuous, 6 intermittent. Trmt directed toward gaining full ROM, with stretching and strengthening

Subjective: Pain with active arc motion 90 to 130 degrees. AND Pain at night

Objective: Weak/ absent abduction; may have atrophy. AND Tender over RC/ anterior acromial. AND Positive impingement sign and temp relief with injection

Imaging: XR. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)