# INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

**DATE OF REVIEW:** 02/24/10

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Item in dispute: Outpatient left shoulder scopy with possible RCR versus debridement labral repair vs. debridement and SAD at Texas Midwest Surgery Center as requested by Dr. Deprang.

**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. Employer's First Report of Injury or Illness, 09/25/09
2. Therapy notes from Fisher County Physical Therapy, 10/23/09
3. Evaluation by Brian Carreon, M.D., 10/23/09
4. X-rays, 10/13/09
5. Initial evaluation by Britt Sipe, MPT, LAT, 10/28/09
6. Records from Clifford Deprang, M.D., 10/29/09 thru 11/18/09
7. Physical therapy progress notes, 11/06/09 thru 11/09/09
8. Byron Christie, M.D., 11/18/09
9. MRI, 11/18/09
10. TASB Utilization Review, 12/28/99 thru 12/02/09
11. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**
The employee was injured in the acute event that occurred on xx/xx/xx. She was apparently lifting heavy objects when she felt a pop in her left shoulder. It was sore for a few weeks and then she had another episode.

The employee was examined by Dr. on 10/03/09. There was limited range of motion and pain.

Dr., an orthopedic surgeon, examined the employee on 10/09/09 and noted good active range of motion to 160 degrees of flexion and abduction. There was weakness reported in rotator cuff strength. An x-ray of the shoulder was normal.

An MRI of the left shoulder was performed, which was normal with intact rotator cuff, no tendinopathy, intact to the biceps, and intact labral complex.

Dr. diagnosed a labrum tear and recommended surgery.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**
The denial is upheld because it does not meet the requirements for surgery.

The MRI report from the radiologist was completely negative with no tendinopathy or other pathology. There are no indications for the requested surgery.

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

1. **Official Disability Guidelines**