

SENT VIA EMAIL OR FAX ON  
Oct/12/2010

## Pure Resolutions Inc.

An Independent Review Organization  
1124 N Fielder Rd, #179  
Arlington, TX 76012  
Phone: (817) 349-6420  
Fax: (512) 597-0650  
Email: manager@pureresolutions.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/12/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

right shoulder arthroscopy, possible r/c repair SLAP repair

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

Doctor of Medicine (M.D.)  
Board Certified in Orthopaedic Surgery  
Fellowship Training in Upper Extremities

**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**

OD Guidelines  
Denial Letters 8/30/10 and 9/10/10  
Sports Medicine 8/4/10 and 8/16/10 MRI 6/17/10 Dr. 6/9/10

**PATIENT CLINICAL HISTORY SUMMARY**

The patient fell at work, injuring his right shoulder. Because of persistent symptoms an MR arthrogram was obtained that showed some slight tendinosis and mild hypertrophy of the a.c. joint. A subacromial steroid injection gave the patient temporary relief, however, the patient's symptoms are worsening. The patient's injury is over six months ago and interferes with function. The requesting surgeon has asked for approval of a right shoulder arthroscopy with possible rotator cuff or SLAP repair. This has been denied by the insurance company due to the lack of MRI findings.

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

The medical records describe a patient with a traumatic injury to the shoulder that has classic impingement findings. The patient has failed conservative management including lower

levels of care such as medications, therapy and a subacromial steroid injection. The request for shoulder arthroscopy includes subacromial decompression and possible cuff repair or SLAP lesion repair. The insurance company has denied the request for surgery because the MRI/arthrogram does not demonstrate a full thickness cuff tear or a SLAP lesion. MR arthrograms are not definitive for either rotator cuff tears or SLAP lesions and are just helpful in making the diagnosis. The requesting surgeon is essentially asking for authorization for an arthroscopic acromioplasty with indicated procedures such as a SLAP repair or rotator cuff repair if found based on intraoperative findings. This should not serve as a basis for authorization denial. The request for shoulder arthroscopy is medically reasonable and necessary based on the medical records and the ODG guidelines.

**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)