

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 25, 2010 AND AMENDED ON: SEPTEMBER 20, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed OP right rotator cuff repair to include CPT code 23420

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
719.41	Rotator cuff repair		Prosp	1					Overturned
719.41	23420		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-13 pages

Respondent records- a total of 39 pages of records received to include but not limited to: PHMO Notice of an IRO assignment; letters 7.5.10-7.21.10; notes 7.2.10-7.7.10; report 7.21.10; DDE report 7.12.10; note 6.23.10; report, MRI Upper extremity 6.18.10; Physical Therapy note 6.3.10; notes 5.4.10-6.15.10

Requestor records- a total of 10 pages of records received to include but not limited to: PHMO Notice of an IRO assignment; note 6.23.10-7.20.10; report, MRI Upper extremity 6.18.10 and x-ray C-spine 5.19.10

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female, who sustained a work related on the job injury on xx/xx/xx.

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/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The items in dispute consist of two components: One is the medical necessity of the proposed outpatient right rotator cuff repair. The denial for this is overturned. The chart has been reviewed and the patient has findings that are consistent with impingement. The patient had an MRI which was consistent with evidence of a high grade partial thickness tear and a possible full thickness tear. The patient has failed conservative therapy for at least 3 months. Surgery for impingement to include a subacromial decompression is indicated according to the ODG Guidelines. At the time of the surgery if the high grade (or even complete) rotator cuff tear is identified, ODG Guidelines indicate to repair this.

The denial for CPT code 23420 is upheld. That code is based on a reconstruction of the shoulder of the rotator cuff. Nothing based on the MRI findings and the patient's status would indicate that there is a need for a more extensive rotator cuff repair or reconstitution than typically would be required.

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