

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left total shoulder arthroplasty, possible rotator cuff repair and bicep tenodesis

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

Dr.: 07/12/00, 09/20/00, 10/11/00, 10/18/00

Dr.: 11/09/00, 11/21/00, 12/05/00, 01/02/01, 01/30/01, 02/07/01, 10/31/01

ER Record 09/17/10

X-ray report left shoulder: 09/17/10

MRI report: 10/22/10

CT report: 11/17/10

Dr.: 10/06/10, 10/25/10,

Dr.: 01/14/11, 01/27/11

Lab Report: 01/14/11

Peer Reviews: 02/17/11, 03/01/11

Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a XX year-old male who sustained a work related injury to his left shoulder on XX/XX/XXXX when a large pipe fell on him and he suffered a dislocation. The claimant underwent a subscapularis transfer in 19XX and a left shoulder instability revision surgery with a Bankart repair 11/09/XX. An MRI of the left shoulder on 10/22/10 showed a complex SLAP lesion of the glenoid labrum, tendinosis of the rotator cuff with moderate intra-substance tearing and a possible tiny full-thickness tear. A CT scan of the left upper extremity dated 11/17/10 revealed prominent arthritic changes of the glenohumeral joint and two free calcified bodies. An X-ray of the claimant's left shoulder done in Dr. office on 01/14/11 showed significant moderate to advanced arthrosis present. On examination the claimant had tenderness over the bicipital groove. His forward elevation was limited to 90 degrees, external rotation to 10 degrees and internal rotation to the sacral level. He had pain with extremes of motion. The claimant had pain with impingement and drop arm testing and a positive apprehension relocation test. Dr. recommended a left total shoulder arthroplasty, possible rotator cuff repair and biceps tenodesis. This was noncertified in a peer review dated

02/17/11 as there was lack of advanced imaging evidence of significant end stage degenerative joint disease to warrant an arthroplasty. A second peer review on 03/01/11 non-certified the surgery as there was no documentation that conservative care had been exhausted.

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

The request is for a total shoulder arthroplasty due to degenerative changes. In this case documentation of conservative treatments such as therapy, anti-inflammatory agents, or possibly an injection, is lacking. The Official Disability Guidelines require documentation of a failed course of conservative care prior to surgical intervention. Therefore, the reviewer finds no medical necessity at this time for Left total shoulder arthroplasty, possible rotator cuff repair and bicep tenodesis.

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)