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Notice of Independent Review Decision

DATE OF REVIEW: 8/5/11

IRO CASE #:

Description of the Service or Services In Dispute
Lft shoulder exam/anesthesia; diagnostic arthroscopy w/debridement, subAC decompression;
Mumford procedure and rotator cuff repair.

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

Physician Board Certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree)
X Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Information Provided to the IRO for Review
ODG guidelines
Adverse determinations 7/7/11, 6/27/11
Clinical Notes, Dr. 6/22/11-1/27/11
Clinical Notes, Dr., 6/15/11-5/11/11
Physical therapy reports
Diagnostic X-ray, MRI reports 7/7/11-1/27/11

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient reportedly sustained an injury in when she was at work and was reaching into a metal file cabinet which tipped forward and she caught it with her left arm. After that she had left arm primarily, and shoulder and some neck pain. She's been treated conservatively with physical therapy, anti-inflammatories and pain medications. An MRI of the shoulder is described as showing some hypertrophic changes in the acromioclavicular (AC) joint and arthropathy along with the down sloping acromion impingement and tendinosis of the supraspinatus. Cervical spine MRI shows some degenerative changes without disc herniation.

It is the opinion of the treating orthopedist that because of ongoing pain that an arthroscopic debridement and possible a rotator cuff repair would be of benefit to the patient.

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

I disagree with the benefit company's decision to deny the requested services. The patient is now five months post injury to her shoulder. She has physical findings which are positive for AC joint involvement with the cross arm test. She has positive impingement test. She has an MRI consistent with impingement and tendinosis of the supraspinatus along with hypertrophic changes in the AC joint. She has not responded to the conservative care with anti-inflammatories and pain meds and physical therapy. While at best I can tell she has not had an injection into the shoulder, I don't think this is an absolute necessity for making decisions for surgery. Since she has been treated adequately conservatively without success, I think it is reasonable to do an arthroscopic procedure with debridement, acromioplasty, AC joint debridement, and rotator cuff repair as necessary.

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

- ACOEM- AMERICAN 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)