

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: July 29, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right open repair of rotator cuff and manipulation under anesthesia. CPT Codes: 23410 and 23700.

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

DIPLOMATE, AMERICAN BOARD OF ORTHOPAEDIC SURGERY
FELLOW, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

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

PATIENT CLINICAL HISTORY:

To Whom It May Concern:

I have had the opportunity to review medical records on this patient. The records indicate a date of injury of xx/xx/xx, and include a reported injury to the right shoulder.

The initial medical report for review is an MRI of the right shoulder dated May 23, 2011, x weeks post injury. There was a full-thickness tear of the supraspinatus noted on the MRI. There was evidence of impingement noted. There was a small fluid accumulation in the subacromion and subdeltoid bursa.

There is a report by chiropractor,. Dr. referred the patient for an orthopedic evaluation on May 26, 2011.

The patient was subsequently evaluated by M.D., on June 27, 2011. Dr. noted the patient had right shoulder pain since April 8, 2011, and that he denied any previous history of problems. The patient was lifting a heavy trash bag when he felt a sharp pain in the right shoulder. Physical therapy and anti-inflammatory medications were prescribed, but did not help. The patient was a at the . On physical examination, the patient had only 90 degrees of forward elevation and a positive Neer test. Dr. recommended rotator cuff repair and manipulation under anesthesia.

The surgery was subsequently declined by the carrier. There was a letter written by Dr. physician assistant that Dr. wanted to get a better result from the rotator cuff repair with the manipulation under anesthesia.

I have reviewed the adverse determination letter from Organization. Review of the denial note indicates the physician denied the surgery because he was not able to contact Dr. or his staff. He had planned to approve the rotator cuff repair but wanted to get clarification on the manipulation under anesthesia.

There is a denial letter dated July 13, 2011, that indicates the manipulation under anesthesia was not indicated as conservative treatment for three to six months had not been undertaken. The request was again non-certified.

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

It is my opinion that the adverse determination in this case was appropriate. Although the surgery may be clinically indicated, the ODG Guidelines do require three to six months of conservative care

directed towards gaining full range of motion. Therefore, the ODG criteria in this case have not been met.

A 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)