

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 11/07/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right shoulder arthroscopy with release, rotator cuff repair, and subacromial decompression

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
840.4	29825		Prosp.				Xx/xx/xx		Overturn
840.4	29826		Prosp.				Xx/xx/xx		Overturn
840.4	29827		Prosp.				Xx/xx/xx		Overturn

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a right hand dominant male with a history of diabetes who injured his shoulder at work on Xx/xx/xx while pushing on a large wrench. He had immediate pain and was treated conservatively with five weeks of physical therapy. The patient was very compliant with all fifteen visits, and although he improved, he continued to have deficits both in range of motion and strength and had residual pain. Because of that an MRI scan was obtained, and it revealed high-grade partial tear of the supraspinatus as well as articular tearing of the subscapularis and possible full thickness tear of the supraspinatus. Some atrophy of the subscapularis and supraspinatus were noted. There was also some hypertrophy and impingement at the acromioclavicular joint. Surgical decompression, cuff repair, and indicated

procedures were recommended by D.O., the orthopedic surgeon who saw him in consultation. This was denied by the insurance company twice due to lack of documentation of conservative care.

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

The patient underwent thorough and adequate conservative care including activity modifications, anti-inflammatory medications and physical therapy for the shoulder sprain. MRI scan reveals a high-grade near full thickness tear of supraspinatus, and because of the residual pain and weakness and range of motion deficits despite excellent conservative care, he is a candidate for arthroscopic evaluation of the joint with indicated procedures such as capsular release, decompression, and cuff repair. In addition, because he is an insulin dependent diabetic, subacromial steroid injection would not be prudent or advised. It appears that the reviewers were not aware of this in the patient's medical history. As such, the request is medically reasonable and necessary and conforms to the ODG Guidelines.

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

(Check any of the following that were used in the course of your review.)

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
 - AHCPH-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 judgment, 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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