

# C-IRO Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Nov/03/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right Shoulder Hemiarthroplasty Pectoralis Major Transfer 29827

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

M.D., Board Certified Orthopedic Surgery

**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**

Official Disability Guidelines

Denial Letters, 09/16/11 and 09/30/11.

Physical performance evaluation, 06/13/11.

Clinical notes, Dr. dated 09/23/11, 09/09/11, 08/26/11, 08/08/11, 06/27/11, and 06/10/11.

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male. He underwent a rotator cuff repair of the right shoulder by Dr. in November 2010. The tendon was massively torn and retracted and could not be repaired. The claimant is unable to sleep on the right side at night. He has had extensive physical medicine rehabilitation without significant pain relief. On 06/10/11, Dr. saw the claimant. The right shoulder presents with healed surgical wounds. Forward flexion is 120 degrees with pain. There is weakness of the supraspinatus. Evident to compare to the left side, there is severe tenderness to palpation exacerbated by overhead adduction. X-rays of the shoulder reveal superior migration of the humeral head. The claimant will be scheduled for a steroid injection of the acromioclavicular joint. He may require total shoulder replacement. On 06/27/11, the claimant received a corticosteroid injection into the right acromioclavicular joint. He reported 40-50% relief. When seen at follow-up on 08/08/11, this is reported to only have lasted one and a half days. His physical examination remains unchanged. He will be followed up in one week for distal clavicle injection of cortisone. On 08/26/11, he underwent injection reporting 50% relief. On 09/09/11, he was seen in follow-up. His physical examination remains unchanged. Treatment options were discussed and the claimant wants right total shoulder replacement.

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

There is sufficient information contained in the clinical record indicating that the claimant initially sustained a right shoulder injury with a massive rotator cuff tear with retraction. This was not surgically repairable and the claimant was subsequently referred by his treating orthopedist Dr. for a salvage procedure. He underwent additional conservative treatment, but

continues to have no function improvement in the shoulder. Radiographs show evidence of superior migration of the humeral head resulting in gross instability of the joint. The presence or performance of MRI of the shoulder would not alter the course of the claimant's medically necessary treatment. The reviewer finds there is medical necessity for Right Shoulder Hemiarthroplasty Pectoralis Major Transfer 29827.

**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)