

# MATUTECH, INC.

PO BOX 310069  
NEW BRAUNFELS, TX 78131  
PHONE: 800-929-9078  
FAX: 800-570-9544

---

## Notice of Independent Review Decision

**DATE OF REVIEW:** April 11, 2012

**IRO CASE #:**

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

Surgery for left shoulder arthroscopy and rotator cuff repair

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Utilization review (01/31/12 – 02/13/12)
- PT (01/03/12 – 01/20/12)
- Office visit (01/26/12)
- Utilization reviews (01/31/12 – 02/13/12)
- Diagnostics (09/30/11)
- Office visits (11/28/11 – 02/03/12)
- Reviews (01/26/12)
- Diagnostics (09/19/11 – 09/30/11)
- Office visits (11/04/11 – 02/03/12)
- Utilization reviews (01/31/12 – 02/13/12)

**ODG has been utilized for the denials.**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was injured at work on xx/xx/xx, when an object fell approximately 30 feet onto his left shoulder and chest.

Following the injury, the patient was evaluated at where he underwent x-rays of the left shoulder that revealed mild arthritic changes without acute abnormality and x-rays of the chest revealed mild hyperinflation of the lungs without acute abnormality.

On September 30, 2011, magnetic resonance imaging (MRI) of the left shoulder showed impingement syndrome with full thickness tear of the distal supraspinatus tendon within 10 mm of retraction and free fluid in the subacromial bursa along with the joint effusion and type II acromion with mild acromioclavicular (AC) hypertrophic changes creating mild impingement in the neutral position. , rotator cuff tear with retraction and glenohumeral joint effusion.

On November 4, 2011, an orthopedic surgeon, evaluated the patient for pain and stiffness in the left shoulder and left side of the chest. noted that following the injury, the patient was taken to a local hospital where he was treated with medications. The patient reported early morning stiffness and pain and had hypertension requiring medication for several years. Examination showed tenderness over the sternum; moderate restriction in abduction and external and internal rotation of the left shoulder; tenderness of the left biceps tendon and positive supraspinatus test on the left. reviewed MRI of the left shoulder and assessed impingement syndrome and rotator cuff tear with retraction and glenohumeral joint effusion. He discussed treatment options consisting of physical therapy (PT), cortisone injection or shoulder arthroscopy and recommended PT.

On November 28, 2011, evaluated the patient for intermittent, aching and sharp pain radiating to the chest. Examination of the left shoulder showed tenderness to the greater tuberosity and pectoralis, positive impingement sign and decreased motor strength. obtained x-rays of the left shoulder which were unremarkable. He diagnosed rotator cuff sprains/strains and other injury of chest wall and ordered MRI of the left chest wall and recommended limited use of the left arm. The patient opted to forward with the proposed surgery.

In December, recommended starting physical therapy (PT) for pre-operative strengthening. On follow-up, noted improvement with the therapy. Examination of the left shoulder showed moderate restriction in abduction, external and internal rotation and positive supraspinatus test. recommended continuing PT.

From January 3, 2012, through January 20, 2012, the patient attended six sessions of PT consisting of electrical stimulation, myofascial release, therapeutic procedures and therapeutic activities.

noted that the PT had not helped. The patient reported numbness and tingling in the elbow and electric shock like sensation in the left side of the neck and knot on the back of the shoulder. recommended left shoulder arthroscopy and rotator cuff repair.

On January 26, 2012, performed a required medical evaluation (RME) and opined that the patient had not responded to conservative treatment or PT and over-the-counter (OTC) medications. The further treatment was medically necessary because of the presence of a full-thickness rotator cuff tear, which

was interfering with his activities of daily living and his ability to return to work doing a job greater than sedentary. Prescription medication in form of Ultram would be indicated to control some of his pain. Further diagnostic test would not be medically necessary. The patient will need rotator cuff repair. An AC joint surgery or biceps surgery would not be required. There might be type II or type III acromion that might need to be resected to a position that did not impale the rotator cuff and bursa. The patient would require 24 sessions of postop PT and medications in the form of hydrocodone and Ultracet and non-steroidal anti-inflammatory (NSAIDs) and a muscle relaxant early on for the first two or three weeks but not beyond that.

Per utilization review dated January 31, 2012, the request for left shoulder arthroscopy and rotator cuff repair was denied based on the following rationale: *“The medical report dated January 26, 2012 indicates that the patient has left shoulder pain and stiffness. On physical examination of the left shoulder, there is moderate restriction in shoulder abduction, external rotation and internal rotation, tenderness of the left biceps tendon and positive supraspinatus test on the left. The patient has approximately 50 percent of normal shoulder motion on the left. This is a request for left shoulder arthroscopy and rotator cuff repair. However, the medical report failed to objectively document exhaustion and failure of conservative treatment such as activity modification, home exercise training, oral pharmacotherapy, corticosteroid injections, and PT. There are no noted VAS pain scales, procedural reports of injections and physical therapy notes documenting a lack of progress in several attempts. There is no documentation provided with regard to the failure of the patient to respond to recent evidence-based exercise program in the reviewed report. There is no documentation of failure with optimized pharmacological treatment in managing the pain. There is no objective evidence that the patient is unlikely to gain clinically significant functional response from continued treatment from less invasive modalities. The maximum potential of conservative treatment done was not fully exhausted to indicate a surgical procedure. Moreover, the radiologist's analysis of the MRI of the left shoulder was not submitted for review. Hence, the medical necessity of this request has not been facilitated.”*

On February 1, 2012, evaluated the patient for sharp, aching and intermittent left shoulder pain radiating to his chest. Examination showed tenderness to the greater tuberosity, flexion and abduction to 140 degrees, positive impingement sign and motor strength of 4/5 of the rotator cuff muscles. recommended rotator cuff repair, limited use of the arm and continuing PT.

evaluated the patient for pain and stiffness in the left shoulder. Examination of the left shoulder showed moderate restriction in abduction, external and internal rotation, tenderness of the left biceps tendon and positive supraspinatus test and approximately 50% of normal shoulder motion on the left. assessed no improvement with extensive conservative treatment and recommended left shoulder arthroscopy and rotator cuff repair.

Per the reconsideration review dated February 13, 2012, the appeal for left shoulder arthroscopy and rotator cuff repair was denied based on the following rationale: *“This is a request for an appeal for one left shoulder arthroscopy and rotator cuff repair. The request was noncertified due to failed to objectively document exhaustion and failure of conservative treatment such as activity*

*modification, home exercise training, oral pharmacotherapy, corticosteroid injections and PT. However, the PT progress notes were still not provided to document the progression of functional response to the treatment. The radiologist's reports of the x-rays and MRI were not submitted for review. Hence, the medical necessity of the requested service has not been established.”*

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

Review of the records provided supports that the patient is a gentleman who reported an injury on xx/xx/xx when an object fell 30 feet onto his left shoulder and injured his left shoulder. RME with revealed that he failed to respond to conservative care with physical therapy and medications. He had a full thickness rotator cuff tear and was unable to return to work at a job description greater than sedentary. He recommended rotator cuff repair, post-operative physical therapy, and medications. The patient had tenderness and positive impingement symptoms. MRI report showed a full thickness rotator cuff tear with retraction on 9/30/11. The patient failed conservative care of physical therapy, Aleve, and work restrictions.

Given the above, I would approve the proposed surgery as medically indicated and necessary at this time.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**