

# True Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/20/2012

**IRO CASE #:**

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

Right Shoulder Arthroscopy with M-O Rotator Cuff Repair and Bicep Tenodesis and SAD and DCE

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

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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Request for IRO 07/03/12  
MRI right shoulder dated 03/14/12  
Clinical records Dr. 04/18/12-06/18/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who is reported to have sustained injuries to her right shoulder on xx/xx/xx. It is reported she reached out to turn empty cart onto production line and had pain across her right shoulder. She was referred for MRI of right shoulder on xx/xx/xx. This study notes tendinosis and interstitial tearing of long head of biceps tendon. There is evidence of supra and infraspinatus tendinosis without definite rotator cuff tear. There is evidence of posterior superior labral tear. The biceps labral complex is intact with AC arthrosis. The claimant subsequently came under the care of Dr. on 04/18/12. The claimant was initiated on course of treatment. She was recommended to undergo injection, provided work restrictions, and will be referred to physical therapy. The claimant was seen in follow-up on 05/21/12 and reported significant relief of deep pain with subacromial injection. She reported anterior upper arm pain. Current medications include Motrin and she subsequently received bicipital tendon sheath injection and was to be seen in follow-up. The claimant was seen on 06/04/12 and reported having relief of injection with approximately week to a week and a half and is now returned back to baseline. On physical examination she has well healed surgical scars consistent with mini open rotator cuff repair of left shoulder. Range of motion bilaterally is symmetrical with forward flexion to approximately 160. There is 170 degrees of abduction. Extension is to 50 degrees. Internal is to 80 and external is to 85. There is negative drop arm test bilaterally. On the right she has positive Neer and cross arm. She is opined to have right shoulder pain, impingement syndrome of right shoulder, rotator cuff tendinitis, AC joint

arthrosis, and chronic bicipital tendinitis. She was recommended to be taken off work and undergo surgical intervention. The claimant was most recently seen in follow-up on 06/18/12. She is noted to have been treated with anti-inflammatories, physical therapy, and injections without any sustained relief. She is again recommended to undergo surgical intervention.

The initial review was performed on 06/08/12. The reviewer notes that based on the claimant's physical examination she has near full active range of motion with no apparent strength loss and no objective evidence of impingement and as such she would not be a candidate for surgical intervention. The appeal request was reviewed on 06/18/12. At this time the reviewer notes that Official Disability Guidelines does not recommend tenodesis of long head of the biceps tendon as an independent standalone procedure. He notes that there is a lack of strong impingement findings and the patient has full active motion and strength. He notes that MRI shows no clear evidence of any rotator cuff pathology and that typically it is recommended that the patients undergo three to six months of conservative treatment prior to the consideration of surgical intervention.

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

The request for right shoulder arthroscopy with mini open rotator cuff repair, biceps tenodesis, subacromial decompression, distal clavicle excision is not supported as medically necessary and the prior utilization review determinations are upheld. The submitted clinical records indicate that the claimant has complaints of right shoulder pain. However, on physical examination she has symmetric range of motion. She has no signs of impingement and no evidence of rotator cuff tear. She is noted to have had some benefit with epidural steroid injections. Or she is noted to have some improvement with corticosteroid injections. The claimant has not had 3 to 6 month of conservative care as required under Official Disability Guidelines and there is insufficient pathology identified on physical examination and imaging studies to support the performance of the requested procedures.

**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)