



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:** 07/09/12

**IRO CASE #:**

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

Right Shoulder Arthroscopy RC Decompression Biceps  
Tenodesis and Distal Clavicle Excision  
29827, 29826, 29828, 29824

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

Board Certified in Orthopaedic Surgery  
Certified in Evaluation of Disability and Impairment Rating -  
American Academy of Disability Evaluating Physicians

**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 or not medical  
necessity exists for each of the health care services in dispute.

Right Shoulder Arthroscopy RC Decompression Biceps – UPHELD  
Tenodesis and Distal Clavicle Excision – UPHELD  
29827, 29826, 29828, 29824 – UPHELD

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

- Employer's First Report of Injury or Illness, xx/xx/xx
- Progress Notes, The Orthopaedic Group, 12/21/11, 12/30/11, 01/04/12, 01/13/12
- Right Shoulder MRI, M.D., 01/10/12
- Shoulder Evaluation, Therapy Institute, 02/06/12, 02/17/12
- Denial Letter, 03/28/12, 05/16/12
- Clinical Encounter Summaries, The Orthopedic Group, 01/31/12, 03/13/12, 05/25/12

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was injured on xx/xx/xx. MRI of 01/10/12 showed a partial thickness undersurface tear of the supraspinatus tendon without full-thickness rotator cuff tear, moderate cystic degenerative change of the humeral head, and mild degenerative joint disease of the acromioclavicular joint. The treating physician states on 05/25/12 that the patient continues to have problems and has failed all conservative treatment plans, including anti-inflammatories, light duty, activity modifications, steroid injections, icing, and supervised physical therapy. A right shoulder arthroscopy with rotator cuff repair, subacromial decompression, biceps tenodesis and distal clavicle excision was recommended.

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

There is no objective medical evidence that the patient would require distal clavicle excision. If surgery were indicated, debridement of the rotator cuff with acromioplasty may be required but the current clinical records do not support a more aggressive surgery. Therefore, the surgical request is not recommended at this time.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**