

SENT VIA EMAIL OR FAX ON  
Jun/13/2012

## Pure Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Jun/12/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Right Shoulder Arthroscopic Subacromial Decompression and possible rotator cuff repair

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

OD Guidelines  
05/07/09 – CLINICAL NOTE –MD  
06/16/09 – CLINICAL NOTE –MD  
07/29/09 – OPERATIVE REPORT  
08/06/09 – CLINICAL NOTE –MD  
09/10/09 – CLINICAL NOTE –MD  
11/10/09 – CLINICAL NOTE –MD  
01/13/10 – PHYSICAL THERAPY PLAN OF CARE  
02/11/10 – CLINICAL NOTE –MD  
04/08/10 – CLINICAL NOTE –MD  
12/14/10 – CLINICAL NOTE –MD  
06/30/11 – CLINICAL NOTE – MD  
07/28/11 – MR ARTHROGRAM RIGHT SHOULDER  
08/23/11 – CLINICAL NOTE –MD  
01/05/12 – CLINICAL NOTE –MD

02/16/12 – CLINICAL NOTE –MD  
03/29/12 – CLINICAL NOTE –MD  
04/10/12 – UTILIZATION REVIEW DETERMINATION  
04/27/12 – UTILIZATION REVIEW DETERMINATION  
05/25/12 – REQUEST FOR REVIEW BY INDEPENDENT REVIEW ORGANIZATION

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male with complaints of right shoulder pain. The claimant underwent examination of the right shoulder under anesthesia with diagnostic glenohumeral arthroscopy, arthroscopic rotator cuff repair, and arthroscopic subacromial decompression with acromioplasty. MR Arthrogram of the right shoulder performed 07/28/11 revealed no supraspinatus and infraspinatus tendinosis without evidence of recurrent tear. The claimant saw Dr. on 08/23/11 with complaints of right shoulder pain. Physical exam revealed no swelling, ecchymosis, crepitus, deformity, atrophy, or effusion. The surgical incision was well healed, clean, dry, and without evidence of infection. There was normal range of motion of the right shoulder. There was normal strength of the right shoulder. The claimant was assessed with rotator cuff tendinitis and rotator cuff tear. The claimant was given a steroid injection to the right subacromial bursa. The claimant received a steroid injection to the right subacromial bursa on 01/05/12 and 02/16/12.

The claimant saw Dr. on 03/29/12. The claimant reported lack of relief from injections. Physical exam of the right shoulder revealed no tenderness to palpation. There was no swelling, ecchymosis, crepitus, deformity, atrophy, or effusion. There was normal range of motion. There was full strength of the right shoulder. There was no evidence of instability. The claimant was assessed with rotator cuff tendinitis and rotator cuff tear. The claimant was recommended for arthroscopic subacromial decompression and possible rotator cuff repair.

The request for right shoulder arthroscopic subacromial decompression and possible rotator cuff repair was denied by utilization review on 04/10/12 due to a lack of positive physical findings for rotator cuff tear and MR arthrogram documenting no evidence of a rotator cuff tear or intra-articular abnormality. There was no medical indication for surgical intervention.

The appeal request for right shoulder arthroscopic subacromial decompression and possible rotator cuff repair was denied by utilization review on 04/27/12 due to no imaging evidence of impingement or rotator cuff tear.

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

The requested right shoulder arthroscopic subacromial decompression and possible rotator cuff repair is not supported as medically necessary by the clinical documentation provided for review. The claimant continued to report right shoulder pain despite recent injections. The provided MR arthrogram of the right shoulder is negative for any repeat tearing within the rotator cuff that would support a surgical procedure. The claimant's most recent exam for the right shoulder on 03/29/12 was unremarkable. Given the lack of any objective findings to support the requested surgical procedure for the right shoulder, medical necessity is not established and the prior denials are upheld.

**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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES