

SENT VIA EMAIL OR FAX ON
Mar/14/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Shoulder Open Subscapularis Repair, Right Shoulder Open Biceps Tenodesis, Right Shoulder Arthroscopic SAD, Post Op PT

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

Non-certification request for right shoulder open subscapularis repair, right shoulder open biceps tenodesis, right shoulder arthroscopic SAD; postoperative physical therapy 02/02/12

Non-certification reconsideration request for 02/10/12

Work comp verification and diagnostic / surgical procedures

Surgery scheduling instruction sheet 01/27/10

Office visit Dr. 01/26/12

MRI right shoulder 01/20/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he was lifting heavy doors and molds and injured his right shoulder. MRI of right shoulder on 01/20/12 revealed partial thickness undersurface tear of anterior fibers of distal supraspinatus tendon; tendinosis of the distal infraspinatus tendon; probable partial tear subscapularis tendon with attenuation and subluxation of biceps tendon; degenerative changes of AC joint and glenohumeral joint. Per office visit note dated 01/26/12, the claimant complains of right shoulder pain. He has not had previous treatment. Examination of right shoulder revealed no instability. There was tenderness of bicipital groove. There was 4/5 strength with resisted shoulder internal rotation, 5/5 strength with resisted shoulder abduction and external rotation. Range of motion measurements revealed 160 degrees forward flexion, 85 degrees external rotation, and internal rotation to T9. There was positive Hawkins, positive Speed's, and positive O'Brien's. There was no tenderness at AC joint, and no pain with cross body adduction. The patient was recommended to undergo right shoulder arthroscopic

subacromial decompression and open subscapularis tendon repair and biceps tenodesis.

The proposed surgical procedure was non-certified on 02/02/12. The reviewer noted no formal clinical imaging studies were available for review to confirm diagnosis of full thickness rotator cuff pathology. Given above and lack of understanding of conservative treatment that has been outlined, the specific request fails to meet evidence based Official Disability Guidelines. The request for postoperative physical therapy is not necessary as the need for surgical intervention is not established.

A reconsideration request for right shoulder surgery was non-certified on 02/10/12. The reviewer noted that reports of right shoulder x-ray and right shoulder MRI were available review. There is a discrepancy between the formal MRI report which indicated a partial tear of the subscapularis, and the physician's review which indicated the presence of a full tear. Additionally there was not any documentation that conservative care has been provided. In the absence of physician contact to discuss MRI findings and conservative care, the request for right shoulder open subscapularis repair, open biceps tenodesis, right shoulder arthroscopic subacromial decompression and post-operative physical therapy cannot be recommended as medically necessary and is not supported by Official Disability Guidelines.

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

The clinical data provided does not support a determination of medical necessity for the proposed right shoulder open subscapularis repair, open biceps tenodesis, right shoulder arthroscopic subacromial decompression and post-operative physical therapy. The claimant is noted to have sustained an injury on 12/15/11. MRI revealed a partial thickness undersurface tear of the distal supraspinatus tendinosis of the distal infraspinatus tendon. There was probable partial tear of the subscapularis tendon with attenuation and subluxation of the biceps tendon. Degenerative change of the AC joint and glenohumeral joint also were noted. Per office note dated 01/26/12, the claimant has not had previous treatment. Per Official Disability Guidelines, there should be at least three to six months of conservative care including stretching and strengthening exercises to balance musculature and directed toward gaining full range of motion. There also should be evidence of pain with active arc motion 90-130 degrees and night pain. The claimant does have positive impingement signs, but there is no indication that temporary relief was obtained with diagnostic anesthetic injection. Given the current clinical data, surgical intervention is not indicated as medically necessary. Previous denials are recommended to be upheld on IRO.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES