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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 3/5/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthrotomy; Rotator Cuff Repair, left shoulder

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

Physician Board Certified in 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)

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male. Xxxxxxx lost his balance and fell into a saw horse, hitting his left elbow, and dislocating his left shoulder. Patient reportedly sustained this on-the-job injury in. An initial MRI revealed a full thickness retracted tear of the anterodistal supraspinatus with moderate muscle atrophy. The remaining posterior fibers of the supraspinatus demonstrate poor tendon quality. He underwent an open reduction to repair a torn rotator cuff and decompression on.

The treating surgeon apparently had requested re-operation for the rotator cuff tear. The patient had undergone surgery and physical therapy, but continued to have difficulty and, therefore, a follow-up MRI was ordered and further surgery was suggested.

A second MRI was done on 11/30/11 which showed a full thickness retracted supraspinatus with marked muscle atrophy, muscle retraction changes in the supraspinatus, and also bicipital tendon which had undergone a partial thickness along with the hypertrophic AC joint.

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

I agree with the benefit company's decision to deny the requested services for the following reasons. Patient had surgery to repair a rotator cuff injury which was not successful. A second MRI suggested markedly more muscle atrophy and less tendon available. The first repair was not successful; it would not be optimistic that a second repair would be successful. Patient does have some bicipital tendon pathology indicated which possibly might be addressed at a second surgical procedure, but that was not the issue in question.

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

- ACOEM- AMERICAN 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**