

SENT VIA EMAIL OR FAX ON
May/17/2012

Pure Resolutions LLC

An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 405-0870
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Shoulder Biceps Tendodesis vs. Slap Lesion Repair, Decompression, and Partial Distal Claviclectomy

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

Request for IRO dated 04/26/12

Utilization review determination dated 04/16/12

Utilization review determination dated 04/24/12

Treatment records xxxxx dated 01/04/11

Radiographic report right shoulder dated 01/04/11

MRI right shoulder dated 01/23/11

Clinical records Dr. 03/30/11 and 03/28/12

Images from CD from Dr.

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries to her right shoulder on xx/xx/xx. The first available clinical record was dated xxxxx. On this date the

claimant was seen at xxxxx treatment facility with complaints of right shoulder pain as result of picking up heavy pumpkins. She was initially diagnosed with right shoulder sprain, provided Celebrex, Ultracet, and referred for MRI of right shoulder. Radiographs on this date were noted to be unremarkable. MRI of right shoulder is performed on 01/23/11. This study notes abnormal signal intensity within mid to posterior supraspinatus tendon as well as anterior infraspinatus tendon. There is intrasubstance partial tear of distal 1.3 cm of infraspinatus. Subscapularis and biceps tendons are within normal limits. The claimant subsequently came under the care of Dr. on 03/30/11. She is noted to have 6 month history of right shoulder dysfunction. She reported pain with range of motion especially over head. She is reported to have had 6 months of conservative treatment which has included physical therapy. She reported some relief with chiropractic treatment. On physical examination she had no tenderness at AC joint. There is tenderness over the biceps tendon. She is noted to have posterior trigger points. Forward flexion is to 180 degrees. Abduction is to 180 degrees. External rotation is to 90. Internal rotation is to T12. Motor strength is 5/5. Neer and Hawkins impingement tests are 1/3. Speed's test is 2/3. Dr. xxxxx opines the MRI dated 01/23/11 reflects tearing of biceps tendon at glenolabral insertion, evidence of impingement syndrome, and possible full thickness tearing of supraspinatus tendon without muscle atrophy or tendon retraction. The claimant was subsequently not seen for one year. On 03/28/12 it is noted that the claimant is in physical therapy. She has continued soreness to the shoulder. She has no tenderness. On physical examination range of motion is to 100-180 degrees in abduction and flexion. Motor strength is graded as 5/5. She subsequently is recommended to undergo surgery to the right shoulder.

The initial review was performed by Dr. on 04/16/12 who non-certified the request noting that there are no supporting documents regarding physical therapy and the claimant has not had a corticosteroid injection. He further notes that the claimant's physical examination is not convincing for surgical pathology.

The appeal request was reviewed by Dr. on 04/24/12 who notes that upon his review of the MRI report dated 01/23/11 there is a small partial thickness tear of the infraspinatus tendon and that subscapularis and biceps tendons are within normal limits and that the labrum was within normal limits. He notes that there is no mention of SLAP tear on MRI report. Subsequently, he non-certified the request.

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

The request for right shoulder biceps tenodesis versus SLAP lesion repair, decompression and partial distal claviclectomy is not medically necessary. It is not medically necessary and the previous utilization review determinations are upheld. The submitted clinical records indicate that the claimant has complaints of shoulder pain. She has no convincing evidence on physical examination of surgical pathology. She has full range of motion in both flexion and abduction. The record contains no substantive data to establish impingement in the presence of full range of motion. Further there is no evidence of any biceps tendon pathology or SLAP lesion and therefore these requests are not supported.

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