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Notice of Independent Review Decision

Date notice sent to all parties:

November 19, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

APPEAL OP Right Open Rotator Cuff Repair 29827

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Physical therapy reports 01/31/13 and 03/12/13

MRI right shoulder 09/04/12

Clinical record 09/26/12

Operative report 10/09/12

Clinical record 12/05/12

Clinical record 01/23/13

Clinical record 03/06/13

Clinical record 04/22/13

Clinical record 06/03/13

MRI right shoulder 06/25/13
Clinical record 07/01/13
Clinical record 09/18/13
Clinical record 10/21/13
Letter 11/12/13
Designated doctor evaluation 03/01/13
Utilization review reports 09/24/13 and 10/25/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient underwent a right shoulder arthroscopy with subacromial decompression and open rotator cuff repair on 10/09/12. The patient attended post-operative physical therapy through 03/13 for a total of 19 sessions. The clinical record on 04/22/13 demonstrated continuing loss of active range of motion in the right shoulder with forward flexion limited to 150 degrees and external rotation limited to 35 degrees. There was internal rotation limitation actively to L1 and passive findings very similar to active findings. No impingement signs were noted and there was no clear weakness on rotator cuff strength testing. The patient was recommended to continue with an exercise program and utilize anti-inflammatories. Follow up on 06/03/13 showed loss of active range of motion in the right shoulder to 110 degrees for flexion. Repeat MRI of the right shoulder was recommended and performed on 06/25/13 and showed post-operative changes in the rotator cuff where a full thickness focal defect was noted measuring approximately 1.8cm from the level of the anchor. This involved the supraspinatus tendon only. The patient continued to demonstrate limited range of motion in the right shoulder actively despite further physical therapy. The patient was recommended for revision right shoulder rotator cuff repair. The letter on 10/21/13 stated that the patient continued to have difficulty raising the right shoulder due to rotator cuff deficits on imaging. Physical examination at this visit identified mild weakness of the supraspinatus with continued loss of active range of motion. Passive range of motion was 165 degrees forward flexion with continued loss of rotation. The letter on 11/12/13 indicated the patient had been compliant with physical therapy and was continuing to work despite right shoulder problems. The request for revision right open rotator cuff repair was denied by utilization review on 09/24/13 as the clinical notes did not identify objective findings of the pain symptoms functional deficits or neurological deficits indicating a full thickness rotator cuff tear. The request was again denied by utilization review on 10/25/13 as there was an unspecified amount of physical therapy documented and lack of documentation regarding the use of anti-inflammatories injections or home exercise program.

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

The patient has been followed for ongoing complaints of right shoulder pain with weakness and loss of range of motion despite an extensive amount of physical therapy. Repeat MRI of the right shoulder from 06/13 showed a recurrent disc recurrent rotator cuff tear at the supraspinatus and 10 at the supraspinatus tendon with retraction. The patient continued to demonstrate loss of active forward flexion in the right shoulder and mild weakness on supraspinatus strength testing. Conservative treatment included extensive amount of physical therapy and anti-inflammatories. At this time the patient would not reasonably improve with further conservative treatment. There is clear objective evidence regarding a rotator cuff deficit. Imaging showed a clear full thickness deficit in the right supraspinatus tendon and there is mild weakness and loss of range of motion that has not improved with conservative treatment. Given the current subjective and objective findings with lack of improvement with conservative treatment this reviewer would recommend the proposed revision rotator cuff repair. The clinical documentation submitted for review meets guideline recommendations. As such it is the opinion of this reviewer that medical necessity is established and the prior denials are overturned.

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

Official Disability Guidelines, Online Version, Shoulder Chapter

ODG Indications for SurgeryTM -- Rotator cuff repair:

Criteria for rotator cuff repair with diagnosis of full thickness rotator cuff tear AND Cervical pathology and frozen shoulder syndrome have been ruled out:

- 1. Subjective Clinical Findings:** Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. PLUS
- 2. Objective Clinical Findings:** Patient may have weakness with abduction testing. May also demonstrate atrophy of shoulder musculature. Usually has full passive range of motion. PLUS
- 3. Imaging Clinical Findings:** Conventional x-rays, AP, and true lateral or axillary views. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.