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**NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE NOTICE SENT TO ALL PARTIES:**

Mar/18/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Reverse right total replacement with 2 day length of stay

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

Board Certified 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)

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xx year old male who sustained an injury on xxxxx. The patient has undergone multiple rotator cuff repairs for the right shoulder in October of 2010, August of 2011, and July of 2012. After the 07/12 rotator cuff repair, the patient utilized a sling and reported intermittent right shoulder pain. The patient was seen by Dr. on 10/18/12 for a designated doctor evaluation. Physical examination at this visit revealed significant loss of range of motion in the right shoulder on flexion, extension, and abduction. No neurological compromise was seen. Strength was not assessed in the right shoulder. The patient was recommended to be at MMI as of 07/17/12. The patient was attending postoperative physical therapy for the right shoulder and evaluation by Dr. on 11/07/12 stated that the patient has had less pain in the right shoulder and has been compliant with therapy. Physical examination at this visit revealed almost full elevation of the right shoulder; however, persistent weakness was seen. Radiographs were stated to show a well-positioned humeral head within the glenoid. Follow-up with Dr. on 12/05/12 stated that the patient has had limited improvement with further physical therapy. Physical examination revealed persistent

weakness with abduction of the right shoulder. There were concerns regarding a persistent recurrent rotator cuff tear and updated imaging was recommended. Radiographs of the right shoulder completed on 12/26/12 revealed degenerative changes with no fractures or other irregularities seen. MR arthrogram of the right shoulder completed on 12/26/12 again revealed a full-thickness tear involving the width of the supraspinatus tendon with retraction proximal to the glenohumeral joint. There was also involvement of the infraspinatus fibers in a full-thickness manner. There was also suspected full-thickness tearing of the subscapularis. Follow-up with Dr. on 01/07/13 stated that, due to the patient's severe pain and recurrent rotator cuff tear, the last option for the patient would be a reverse total shoulder replacement.

The request for a right reverse total shoulder replacement with a 2-day length of stay was denied by utilization review on 01/11/13 as there was no evidence of arthritis on the imaging studies. Also, the reviewer felt that the patient would not be able to return to a heavy physical demand level for his occupation as a mechanic after the reverse total shoulder replacement.

The request was again denied by utilization review on 02/20/13. The report indicated that there was still a lack of evidence regarding significant osteoarthritis in the right shoulder.

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

Based on the clinical documentation provided for review, the patient meets guidelines for a reverse total shoulder arthroplasty of the right shoulder. This is a classic case for a reversed total shoulder arthroplasty. Reverse total shoulder arthroplasty's indication is for irreparable rotator cuff tears which this patient obviously has. Arthritis does not have any bearing on the use of reverse total shoulder arthroplasty. The patient would not reasonably improve with further conservative treatment and the reverse total shoulder arthroplasty has a reasonable chance of restoring a component of the patient's right shoulder range of motion and strength. As such, it is this reviewer's opinion that the requested right shoulder total arthroplasty is indicated as medically necessary. As such, 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**