Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Apr/08/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Debridement Synovectomy; DME Purchase Orthosis (PNR Cryo 7 days); Stat OP Rt Shoulder Scope/SAD/AD/ADHES/SLAP Repair vs Tenotomy with Tenodesis

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified General Surgery
Fellowship: Orthopedic Hand and Upper Extremity Surgery

REVIEW OUTCOME:

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

[X] 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 <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes dated 06/20/12 – 07/11/12
MRI right shoulder dated 07/09/12
Clinical note dated 08/27/12
Operative report dated 08/28/12
Clinical note dated 09/12/12
Clinical note dated 11/06/12
Clinical note dated 12/04/12
Clinical note dated 12/20/12
Clinical note dated 01/03/13
Prior reviews dated 01/25/13 and 02/20/13

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who sustained an injury on xx/xx/xx. The patient is status post right shoulder arthroscopy with subacromial decompression, acromioplasty, and debridement of a SLAP lesion on 08/28/12. Postoperatively, the patient was referred for physical therapy which was completed in 10/12. The patient continued to report pain in the right shoulder with passive and active range of motion and the patient was recommended for additional physical therapy in 11/12. The patient was evaluated on 01/03/13 with ongoing complaints of right shoulder pain. Per operative report, the type II SLAP lesion was not repaired due to

extensive fraying; therefore, opted to do a SLAP lesion debridement. Physical examination at this visit revealed pain with external rotation and overhead elevation of the right shoulder. Positive Speed's and O'Brien's signs were noted. The patient was recommended for a right subacromial decompression with a type II SLAP repair versus tenotomy with or without tenodesis, extensive debridement, and limited synovectomy.

The request for right shoulder arthroscopy was not recommended as medically necessary by utilization review on 01/25/13 as there were no updated imaging studies to include postoperative MR arthrogram studies evaluating the AC joint and labrum.

The request was again denied by utilization review on 02/20/13 as the requested postoperative shoulder orthosis was not indicated.

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

The patient has continued to have right shoulder pain despite conservative treatment including physical therapy. Per review of the prior operative report, did identify a type II SLAP lesion which was debrided and a formal repair could not be performed. Given the assessment regarding the extent of the tear in the right shoulder labrum, updated imaging would be indicated to assess whether the labrum can actually be repaired at this point in time given the time interval from the last surgical procedure to the current request. Therefore, surgery could be medically necessary, but without imaging evidence establishing that the labrum can be effectively repaired, surgical intervention is not indicated at this point in time. As such, it is this reviewer's opinion that medical necessity for the request is not established and the prior denials are upheld.

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