ReviewTex. Inc.
1818 Mountjoy Drive
San Antonio, TX 78232
(phone) 210-598-9381 (fax) 210-598-9382
reviewtex@hotmail.com

Notice of Independent Review Decision

Date notice sent to all Parties:

February 1, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Reconsideration for Right Shoulder Arthroscopy with Recurrent Rotator Cuff Tear Repair, as outpatient.

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:

Clinical reports dated 03/24/11 – 12/20/12

MR Arthrogram Right Shoulder dated 11/27/12

Prior reviews dated 12/03/12 and 12/26/12

Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who has been followed for multiple complaints to include left shoulder pain, bilateral elbow pain, and left carpal tunnel syndrome. The patient has undergone multiple surgical procedures to include left shoulder subacromial decompression and rotator cuff repair in 02/11, a left carpal tunnel release in 07/11, and a right shoulder subacromial decompression on 10/24/11. The patient was doing well postoperatively until 11/14/12 when the patient had complaints of pain in the right shoulder and bilateral elbows. Medications included Lortab, Ultram, Ibuprofen, and Lisinopril. Physical examination of the right shoulder revealed tenderness to palpation over the acromion and supraspinatus. Loss of range of motion was present. The patient was recommended to continue with Ibuprofen and Ultram. The MR Arthrogram of the right shoulder dated 11/27/12 demonstrated a full thickness rotator cuff tear; however, the exact site of the tear was ill-defined. Follow-up on 11/28/12 reported positive impingement signs and pain with range of motion in the right shoulder. Follow-up on 12/20/12 again reported positive impingement signs and loss of range of motion in the right shoulder.

The request for a right shoulder arthroscopy with a recurrent rotator cuff repair was denied by utilization review on 12/03/12 as the most recent MR arthrogram was not available for review and physical examination findings did not support the procedure.

The request was again denied by utilization review on 12/26/12 as the imaging study was not available for review.

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

The request for a right shoulder rotator cuff repair is recommended as medically necessary based on the clinical documentation provided for review. The MRI Athrogram provided for review identified a full thickness rotator cuff tear with ill-defined origins. This finding is consistent with the claimant's exam findings which are consistent with a rotator cuff deficit and impingement. Given the extensive tearing present on the provided MR arthrogram, the claimant would not reasonably improve with further conservative treatment. Medical necessity for the requested service is established.

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

ODG Shoulder Chapter

ODG Indications for Surgery™ -- Rotator cuff repair:

Criteria for rotator cuff repair OR anterior acromioplasty with diagnosis of partial thickness rotator cuff repair OR acromial impingement syndrome (80% of these patients will get better without surgery.)

1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS

2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night (Tenderness over the greater tuberosity is common in acute cases.) PLUS

3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS

4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.

(Washington, 2002)