



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 6/10/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Shoulder Scope/ AC Joint Resection/SAD/RTC Repair, Labral Repair.

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

M.D. Board Certified in Orthopedic Surgery, Sports Medicine Orthopedics.

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

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	5/21/2013
Request for a Review by an IRO	5/20/2013
Services Notices of Reconsideration Determination	4/22/2013-5/17/2013
Sports Medicine, P.A. Office Visit Note	4/12/2013
MRI Report	3/20/2013
Appeal Notifications	4/17/2013-4/22/2013

PATIENT CLINICAL HISTORY [SUMMARY]:



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The patient is a female who injured her right shoulder in a fall onto the shoulder on xx/xx/xx. She was evaluated 4/12/2013 with chief complaint of right shoulder pain. She apparently was having pain with attempted elevation of the right arm and pain with lying on that side. She was found to have positive impingement tests on exam as well as pain with what sounds like an empty can test for the supraspinatus with pain against resistance in the thumb down position. Her MRI indicates that she has a 1 cm high grade partial thickness tear of the anterior supraspinatus with tendonosis of the remaining tendon. No full thickness tear is noted. There is a type 2 acromion and moderate AC arthrosis present. The diagnosis of a full thickness rotator cuff tear was given and a surgical procedure was recommended. Per the clinical notes, no treatment for this has been attempted to this point. There is no indication of medical management, injections, or PT having been tried, yet a direct recommendation for surgery was made.

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

Per ODG references, the requested Right Shoulder Scope/AC Joint resection/Sat/RTC Repair, Labral Repair is not medically necessary. Based on the available clinical information, the surgical procedure is denied due to lack of attempts at conservative care. 80% of patients improve with conservative treatment; however, this patient has not undergone use of NSAIDs, activity modifications, PT, or steroid injection to this point according to the clinical notes. ODG recommendations suggest 3-6 months of conservative management and failure to improve with this management prior to considering surgery. The patient had the injury one month prior to the clinic visit and about 2 ½ months prior to the present time, so has not had symptoms for the recommended conservative treatment time. There is also no documentation of clinical weakness to go along with her pain.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES