

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeal Surgery examination under anesthesia Right Shoulder Diagnostic Arthroscopy, Conversion Repair Rotator Cuff, Biceps Tenodesis, Decompression

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

Board Certified Orthopedic Surgeon (Joint)

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:

ODG - Official Disability Guidelines & Treatment Guidelines
Physical therapy reports 12/03/12-01/31/13
Individual psychotherapy note 01/25/13
Functional capacity evaluation 12/19/12 and 01/16/13
Clinical notes 08/16/12-02/27/13
MRI right shoulder 08/01/12 and 02/15/13
Operative report 09/18/12
Radiographs right shoulder 02/27/13
Letter of appeal 03/22/13
Prior reviews 03/14/13 and 04/01/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury to the right shoulder on xx/xx/xx while picking up pallets over his head. The patient underwent arthroscopic right shoulder subacromial decompression with acromioplasty and resection of the distal clavicle with debridement of the rotator cuff on 09/18/12. Post-operatively, the patient was seen for an extensive amount of physical therapy and work conditioning program through 01/13. The patient was followed during this period of time. The most recent functional capacity evaluation in 01/13 opined that the patient was at medium physical demand level but required a very heavy physical demand level to return to work. Clinical evaluation on 01/31/13 stated that the patient

continued to have right shoulder pain following interval injury during rehabilitation. The patient indicated that he was lifting during rehabilitation and heard a pop in the right shoulder. Physical examination revealed limited range of motion in the right shoulder with pain and tenderness over the rotator cuff. Some weakness was present on abduction. The patient was recommended for MRI studies and repeat MRI studies of the right shoulder and both work conditioning program and work hardening program were stopped. MRI of the right shoulder on 02/15/13 identified a high grade partial thickness bursal sided tear of the anterior supraspinatus tendon. There was also partial thickness tearing of the proximal supraspinatus tendon underlying the acromion. Underlying tendinosis was present within the rotator cuff. Prior surgical changes in regards to the acromion and distal clavicle were noted. No glenohumeral joint effusion was present and there was no evidence of an attached labral tear or paralabral cyst formation. Follow up with on 02/27/13 stated that the patient continued to have limited range of motion in the right shoulder. There were concerns regarding adhesive capsulitis; however, the patient did not identify range of motion deficits. There was only a generic statement regarding limited range of motion in the right shoulder. reported swelling of the biceps with tenderness to palpation over the rotator cuff. The patient was recommended for a repeat value arthroscopic evaluation of the right shoulder with capsulotomy with possible capsulotomy if adhesive capsulitis was present. The patient was recommended for an evaluation of the subacromial bursa biceps tendon with possible tenodesis if pathology was present. Also, there was a recommendation for a possible conversion of the partial thickness rotator cuff tear to a full thickness tear if substantial tearing was found on visualization. Appeal letter on 03/22/13 indicated that the patient had popping and slowing of the biceps tendon in the right shoulder on physical examination with weakness on abduction and irritation of the rotator cuff with tender palpation. The request for a repeat examination under anesthesia with right shoulder diagnostic arthroscopy conversion repair rotator cuff biceps tenodesis and decompression was non-certified by utilization review on 03/14/13 as there was no positive exam finding of impingement syndrome and imaging studies did not show any evidence of pathology at the biceps tendon. The request was again denied by utilization review on 04/01/13 as there was no evidence of biceps tendon pathology and no further imaging including MR arthrogram studies were performed to further evaluate rotator cuff integrity. Range of motion of the right shoulder was not specifically documented especially given that recent functional capacity evaluation findings reported normal range of motion findings of the right shoulder. No clear evidence of clinical impingement was present.

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 following the 09/12 surgical procedures as the patient reported an increasing amount of pain in the right shoulder following exercise programmed in a work hardening program or work conditioning program. Given the re-injury, the patient had MRI studies performed in 2013 which identified partial thickness but extensive tearing of the rotator cuff especially at the supraspinatus tendon. Ongoing tendinosis was noted in the rotator cuff. Exam findings were limited in regards to range of motion measurements; however, the appeal letter went over all of the exam findings including tenderness and popping of the biceps tendon as well as tenderness over the rotator cuff. Clinical documentation establishes the medical necessity for a diagnostic arthroscopy. Given that no labral pathology was suspected further MR arthrogram studies would not reasonably evaluate the rotator cuff further which would change the surgical request one way or the other. The most appropriate course of action would be to perform a diagnostic arthroscopy to evaluate the rotator cuff and the acromioclavicular joint to determine what if any further procedures need to be performed. Given the normal findings on MRI above the positive exam findings regarding the biceps tendon, this can also be visualized to determine whether a tenodesis is medically necessary or not. This would meet clinical current evidence based guideline recommendations regarding diagnostic arthroscopy. During the visualization, can also establish whether the patient would require capsulotomy due to adhesive capsulitis findings. Given that the patient continues to be symptomatic and was reinjured during therapy, it is unlikely that further progression would be made with conservative treatment alone. As such, it is the opinion of this reviewer that medical necessity for the requested procedures 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:

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

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 (PROVIDE A DESCRIPTION)