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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/11/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right shoulder arthroscopic rotator cuff repair, arthroscopic subacromial decompression with excision of subacromial spur and thickened coraco-acromial ligament, arthroscopic debridement labrum or partial rotator cuff tear right, proximal biceps tenotomy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgeon

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. It is the opinion of the reviewer that the request for a right shoulder arthroscopic rotator cuff repair, arthroscopic subacromial decompression with excision of subacromial spur and thickened coraco-acromial ligament, arthroscopic debridement labrum or partial rotator cuff tear right, proximal biceps tenotomy is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

EKG 08/01/13

Lab studies 08/01/13

Chest x-ray 08/01/13

X-ray right shoulder 03/26/13

MR arthrogram right shoulder 04/23/13

Clinical note 11/19/12

Clinical note 11/30/12

Clinical note 12/07/12

Clinical note 12/19/12

Clinical note 01/04/13

Clinical note 01/15/13

Clinical note 01/22/13

Clinical note 03/05/13

Clinical note 03/26/13

Clinical note 04/02/13

Clinical note 04/09/13

Clinical note 04/19/13

Clinical note 04/30/13

Clinical note 05/14/13

Clinical note 05/16/13

Clinical note 05/21/13
Clinical note 08/01/13
Clinical note 08/02/13
Clinical note 08/27/13
Previous adverse determinations 09/10/13 and 08/09/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who reported an injury regarding her right shoulder. The clinical note dated 11/19/12 indicates the patient fell while on stairs resulting in left ankle, left knee, and right shoulder injuries. The patient stated the injury occurred when her left ankle hit a stair and she fell forward consequently injuring the shoulder, knee, and ankle. The patient initially presented with complaints of pain, swelling, and bruising at the right shoulder particularly when lifting her arm. The patient rated the pain as 4-5/10 at the right shoulder. The patient described the pain as a dull aching sensation. The patient was recommended for physical therapy and a home exercise program at that time. The note mentions the patient utilizing Cyclobenzaprine and Naproxen for ongoing pain relief. Upon exam of the right shoulder, the patient was noted to have decreased passive range of motion to include abduction to 45 degrees. Tenderness was noted upon palpation at the anterior glenohumeral joint. The clinical note dated 11/30/12 indicates the patient having undergone physical therapy. The pain at the right shoulder continued specifically at the lateral aspect. The patient stated that when raising her arms overhead, the symptoms are exacerbated. The clinical note dated 12/19/12 mentions the patient continuing with a home exercise program to address the right shoulder complaints. The patient noted a 20% improvement regarding the right shoulder. The patient stated that she continued with functional deficits and that she was unable to lift a gallon of milk or place a plate in a cabinet. Pain continued to be located at the anterior aspect of the right shoulder with radiation of pain into the biceps. The clinical note dated 01/04/13 indicates the patient continuing with range of motion limitations at the right shoulder. The clinical note dated 01/15/13 mentions the patient having positive Hawkins's and Neer's signs at the right shoulder. Tenderness continued over the biceps. 4/5 strength was noted with external rotation. Tenderness and spasms were also noted at the rhomboids. The patient was noted to continue with the use of Etodolac, Flexeril, and Hydrocodone for pain relief. The clinical note dated 03/05/13 indicates the patient having undergone injections at the right shoulder. The injection did provide the patient with 80% relief of pain. The clinical note dated 04/02/13 indicates the patient continuing with right shoulder pain. There is mention in the note regarding an MRI which revealed a partial thickness right sided rotator cuff tear as well as impingement and bursitis. The patient stated that she was able to tolerate her regular job duties. The patient was noted to have undergone an MR arthrogram of the right shoulder on 04/23/13. No significant findings were revealed on the arthrogram indicating rotator cuff involvement. The clinical note dated 04/30/13 indicates the patient continuing with right shoulder pain. The patient rated the pain as 8/10. The clinical note dated 05/14/13 indicates the patient undergoing a 2nd injection at the right shoulder. The clinical note dated 05/21/13 indicates the patient having 4+/5 strength noted at the supraspinatus. The patient continued with the use of Vicodin, particularly at night. The clinical note dated 08/01/13 indicates the patient being recommended for a surgical intervention at the right shoulder.

The utilization review dated 08/09/13 resulted in a denial for a right shoulder rotator cuff repair secondary to inadequate findings noted on previous imaging studies confirming the patient's rotator cuff involvement.

The previous utilization review dated 09/10/13 resulted in a denial for the right shoulder rotator cuff repair secondary to a lack of information regarding a rotator cuff tear confirmed by imaging studies.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation submitted for review elaborates the patient complaining of right shoulder pain along with functional issues manifested by range of motion and strength deficits. A rotator cuff repair is indicated provided the patient meets specific criteria to include imaging studies confirming the patient's rotator cuff involvement. There is discussion in the clinical notes regarding a previous MRI

which evidently revealed a rotator cuff tear; however, no imaging studies were submitted confirming the rotator cuff involvement. Additionally, the MR arthrogram of the right shoulder failed to reveal a rotator cuff tear. Furthermore, the patient is noted to have undergone 2 injections at the right shoulder which did result in the patient's 80% improvement in her pain level. Given that no imaging studies were submitted confirming the patient's pathology, this request is not indicated as medically necessary. As such, it is the opinion of the reviewer that the request for a right shoulder arthroscopic rotator cuff repair, arthroscopic subacromial decompression with excision of subacromial spur and thickened coraco-acromial ligament, arthroscopic debridement labrum or partial rotator cuff tear right, proximal biceps tenotomy is not recommended as medically necessary.

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)