

Phone Number:
(817) 405-3524

An Independent Review Organization
900 N Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Email: appliedresolutions@irosolutions.com

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Right shoulder arthroscopy, subacromial decompression, rotator cuff repair
Distal claviclectomy, biceps, tenodesis

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.

Rotator cuff repair and subacromial decompression is medically necessary.

Distal claviclectomy or biceps tenodesis is not medically necessary

Patient Clinical History (Summary)

The patient is a male who sustained an injury on xx/xx/xx. The patient sustained multiple injuries to include a fracture in the thoracic spine. The patient had also been followed for complaints of right shoulder pain. Medication use has included Hydrocodone for pain.

It appears that the patient did undergo an injection of the subacromial bursa on 06/24/14; however, it appeared that this was for the left shoulder. The patient was seen on 09/15/14 for right shoulder complaints when he was knocked forward landing on his right shoulder on 08/25/14. The patient's initial physical examination noted limited range of motion on elevation to 70 degrees with passive elevation to 150 degrees. Moderate weakness was present in the right shoulder at the rotator cuff. Radiographs of the right shoulder did show some acromioclavicular joint changes. There were concerns regarding a possible rotator cuff repair in the right shoulder and MRI studies were recommended. There was an MRI of the right shoulder completed on 09/19/14 which noted a large amount of fluid extending into the subacromial and subdeltoid bursa. There

was some degenerative labral morphology present. The long head of the biceps tendon did appear to be intact and in the normal position. There was a full thickness distal supraspinatus tear measuring 2 x 1.9cm with at least mild fatty muscle atrophy. Mild thickening and increased signal within the distal supraspinatus was noted without tearing. The subscapularis and teres minor were both intact. The follow up evaluation on 09/25/14 continued to show significant weakness with loss of range of motion in the right shoulder.

The requested surgical procedures for the right shoulder to include subacromial decompression, a rotator cuff repair, distal claviclectomy, and biceps tenodesis were denied on 10/15/14 as there was no indication regarding participation in a 3-6 month conservative treatment program for the subacromial decompression and biceps tenodesis. There were also no significant findings on imaging of acromioclavicular disease that would support the additional procedures requested in addition to the rotator cuff repair.

The request was again denied on 10/24/14 as there was no documentation in the clinical reports regarding a 3-6 month failure of conservative treatment or injections that would have supported the requests.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained an acute injury to the right shoulder in xx/xxxx which resulted in a full thickness tear of the supraspinatus tendon with at least mild fatty muscle atrophy. There was thickening and increased signal within the distal supraspinatus tendon. While there was evidence of degenerative labral morphology, the acromioclavicular joint did appear to be relatively intact. There was some traction, spurring, and capsular hypertrophy without severe degenerative joint disease. There was no pathology noted at the long head of the biceps tendon or evidence of impingement due to severe acromioclavicular joint disease. The clinical documentation submitted for review would support surgical intervention for the requested rotator cuff repair due to the full thickness deficit of the supraspinatus tendon with associated atrophy. In order to adequately repair the rotator cuff, a subacromial decompression may be needed but is generally not required as noted in the guidelines. There are no indications for either a distal claviclectomy or biceps tenodesis. Therefore, it is this reviewer's opinion that medical necessity for the rotator cuff repair and subacromial decompression has been established; however, this reviewer would not recommend the proposed distal claviclectomy or biceps tenodesis as medically necessary. Therefore, this reviewer would overturn part of the prior denials regarding the rotator cuff repair and subacromial decompression only.

A description and the source of the screening criteria or other clinical basis used to

make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)