

# IMED, INC.

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## Notice of Independent Review Decision

### **[Date notice sent to all parties]:**

**10/27/2014**

### **IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right shoulder arthroscopy**

**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:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This gentleman was injured on xx/xx/xx. He had immediate pain and tingling in the right arm and the right shoulder. He went for evaluation where the history included two previous cubital tunnel release surgeries and two previous carpal tunnel surgeries, all on the right side. an orthopedic surgeon, examined him on 05/29/13. The doctor reported reduced range of motion in the right shoulder with well-healed incisions on the right elbow and the right wrist. Orthopedic testing of the shoulder was positive for impingement. He ordered physical therapy. X-rays of the shoulder were normal except for narrowing of the AC joint and hypertrophy of the distal clavicle.

An MRI of the right shoulder reported hypertrophy of the AC joint with a down-sloping acromion. There was gleno-humeral arthrosis wwith fraying of the labrum without tearing, and there was a full-thickness tear of the supraspinatus that was non-insertional. performed an EMG/NCV on 10/18/13 that reporte a mild right carpal

tunnel syndrome and a mild right ulnar neuropathy with no evidence of cervical radiculopathy.

On 07/17/13, the claimant presented with a recent onset of low back pain. reported a normal neurological examination with full range of motion in the lumbar spine. He had pain in the right side of his low back.

reported on 08/07/13 that the numbness and tingling had subside, but he was still bothered with right shoulder discomfort. The doctor noted that abduction was painful, but that all findings were improved. The doctor reviewed the MRI and recommended surgery.

was examined on 10/22/13. reported normal range of motion, decreased strength in the supraspinatus, and positive Neer and Hawkins testing. He recommended repair of the rotator cuff tear. The doctor did not the cystic changes in the shoulder joint that would make anchor placement difficult.

reported on 01/15/13 that Mr. had abdominal distress, probably related to NSAID medication use.

reported on 09/13/14 that the shoulder was improved, with full range of motion. The doctor recommended surgery on the basis of pain relief. was working on full duty, full time.

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

This gentleman has recovered well from the acute injury and he has normal motion. He has reported slight decrease in strength, but he has little functional limitation. He is working. He has mild pain, but he is not taking medications. He also has cystic changes in the gleno-humeral joint that are likely degenerative in nature, and he has hypertrophic changes in the AC joint. Surgery might be indicated for relief of the chronic changes, but improvement after rotator cuff repair is unlikely in this age group.

#### **ODG Shoulder**

Recommended as indicated below. Repair of the rotator cuff is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. However, rotator cuff tears are frequently partial-thickness or smaller full-thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. The preferred procedure is usually arthroscopic decompression, but the outcomes from open repair are as good or better. Surgery is not indicated for patients with mild symptoms or those who have no limitations of activities. (Ejnisman-Cochrane, 2004) (Grant, 2004) Lesions of the rotator cuff are best thought of as a continuum, from mild inflammation and degeneration to full avulsions. Studies of normal subjects

document the universal presence of degenerative changes and conditions, including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. Studies evaluating results of conservative treatment of full-thickness rotator cuff tears have shown an 82-86% success rate for patients presenting within three months of injury. The efficacy of arthroscopic decompression for full-thickness tears depends on the size of the tear; one study reported satisfactory results in 90% of patients with small tears. A prior study by the same group reported satisfactory results in 86% of patients who underwent open repair for larger tears. Surgical outcomes are much better in younger patients with a rotator cuff tear, than in older patients, who may be suffering from degenerative changes in the rotator cuff.

Because of the near normal objective physical findings, and because of the chronic changes in the joint, this request is not certified as medically necessary.

### **IRO REVIEWER REPORT TEMPLATE -WC**

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

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS