



Notice of Independent Review Decision - WC

DATE OF REVIEW: 08/27/14, Amended 09/11/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right shoulder arthroscopy, decompression, acromioclavicular resection, and debridement of the labrum and biceps with tenodesis, as outpatient

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

Board certified in Orthopedic Surgery

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 or not medical necessity exists for each of the health care services in dispute:

- Right shoulder arthroscopy, decompression, acromioclavicular resection, and debridement of the labrum and biceps with tenodesis, as outpatient - UPHELD

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a female who sustained a work injury on xx/xx/xx in a fall. She was diagnosed with a right shoulder/upper arm strain. MRI revealed a right full thickness rotator cuff tear. Records note left non-injured, asymptomatic shoulder revealed partial thickness tear of rotator cuff. Claimant received conservative treatment to include rest, medications, injections and physical therapy.

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

There is a lack of objective and diagnostic findings to support the requested procedures per ODG Guidelines recommendations and the previous non-certifications are upheld.

There is lack of labral pathology for which the requested labral debridement would be indicated and there is lack of specific biceps pathology and physical examination findings that would support the biceps tenodesis. For labral surgical treatment there should be a type 2 or type 4 tear and neither is documented in the medical record, and for biceps tenodesis there is to be specific pathology noted on imaging, which is not documented.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**