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Notice of Independent Review Decision

Review Outcome:

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

Orthopedic Surgery

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)

Description of the service or services in dispute:

Outpatient left shoulder arthroscopy SAD, DCR & RCR vs Debridement

Patient Clinical History (Summary)

The patient is a male who reported an injury to his left shoulder when he tripped on a raised portion of a current of concrete and fell on to both hands and knees. A clinical note dated 01/13/14 indicated the initial injury occurred on xx/xx/xx. The patient reported multiple injuries at the left hand, elbow, and shoulder actually widened simply put left bilateral upper extremities and left it at that. The patient utilized Naprosyn and cyclobenzaprine for pain relief. Strength was 4/5 at the biceps and deltoids and deltoids biceps and triceps on the left. Hypoesthesia was identified in C5 through C8 distributions. The MRI of the left shoulder dated 07/02/14 revealed moderate degenerative changes at the acromioclavicular joint associated with 14x6x17mm cyst along the superior margin of the acromioclavicular joint. A partial thickness tear was identified in the undersurface of the distal supraspinatus tendon. The tear was estimated as 25-50% thickness. A clinical note dated 07/09/14 indicated the patient continuing with use of Naprosyn and cyclobenzaprine for pain relief. The patient was recommended for aquatic therapy to address the numerous complaints of pain. A clinical note dated 08/07/14 indicated the patient undergoing left shoulder injection which provided the patient with some pain relief. However, the patient continued with complaints of pain. The patient liked complaints of weakness, numbness, and tingling as well in the left upper extremity. The patient rated pain 6/10. A clinical note dated 08/19/14 indicated the patient being recommended for surgical intervention at the left shoulder.

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

The patient complained of left shoulder pain. Arthroscopic subacromial decompression, distal clavicle

resection, and rotator cuff repair are indicated provided that the patient meets specific criteria, including completion of all conservative treatment and specific complaints of pain with provocative testing. No information was submitted regarding completion of a three month course of conservative treatment or nocturnal complaints or pain with active arc of motion from 90-130 degrees. Given this, the request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request 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 and Environmental Medicine um knowledgebase
- AHCPH-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)