Applied Assessments LLC

An Independent Review Organization
2771 E. Broad St. Ste. 217 PMB 110
Mansfield, TX 76063
Phone: (512) 333-7997
Fax: (512) 519-7997
Email: admin@appliedassessments.net

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Dec/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
A video arthroscopy, extensive debridement with a possible limited open rotator cuff repair right shoulder

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] 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 <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
X-rays of the right shoulder dated 08/28/13
X-rays of the humerus dated 08/28/13
Clinical note dated 09/10/13
MRI of the right shoulder dated 09/17/13
Clinical note dated 09/19/13
Clinical note dated 10/03/13
Clinical note dated 10/05/13
Clinical note dated 10/17/13
Clinical note dated 10/25/13
Clinical note dated 10/28/13
Therapy note dated 10/30/13
Therapy note dated 11/26/13
Clinical note dated 11/01/13
Clinical note dated 11/10/13
Clinical note dated 11/11/13
Clinical note dated 12/02/13
Adverse determinations dated 11/08/13 & 10/23/13

PATIENT CLINICAL HISTORY [SUMMARY]:
The clinical note dated 09/10/13 indicates the patient stating the initial injury occurred to the

right shoulder. Upon exam, the patient was able to demonstrate 160 degrees of right shoulder flexion, 45 degrees of external rotation and 50 degrees of internal rotation. The patient was able to demonstrate 5/5 strength. However, the patient was noted to have a positive impingement sign. The MRI of the right shoulder dated 09/17/13 revealed a partial thickness bursal surface tear with a 2.2 x 0.7cm intrasubstance tear within the infraspinatus. Moderate rotator cuff tendinopathy was noted. The clinical note dated 9/19/13 indicates the patient undergoing a subacromial injection at that time. The clinical note dated 10/03/13 indicates the patient continuing with right shoulder pain with associated range of motion deficits. The therapy note dated 10/30/13 indicates the therapy focusing on the partial thickness rotator cuff tear. The therapy note dated on 11/26/13 indicates the patient rating the shoulder pain as 4/10. The clinical note dated 12/02/13 indicates the patient continuing with pain despite undergoing physical therapy.

The utilization review dated 10/23/13 resulted in a denial as inadequate information was submitted confirming the patient's completion of a course of conservative treatments.

The utilization review dated 11/08/13 resulted in a denial for a rotator cuff repair as the patient had not completed a full course of conservative therapy at that time.

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 with associated range of motion deficits. A rotator cuff repair would be indicated provided the patient meets specific criteria to include a completion of a 3 month course of conservative therapy. There is mention that the patient has completed a short course of conservative treatment addressing the right shoulder complaints. However, it does not appear that the patient has completed a full 3 month course of treatment. As such, the request for video arthroscopy, extensive debridement with a possible limited open rotator cuff repair is not recommended as medical necessary.

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES