

**DATE: 09.26.14**

**Notice of Independent Review**

**REVIEWER'S REPORT**

**DATE NOTICE SENT TO ALL PARTIES: 09.26.14**

**IRO CASE #:**

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

M.D., Board Certified in Orthopedic Surgery

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right shoulder arthroscopy with subacromial decompression, labral repair versus debridement, and possible rotator cuff repair

**REVIEW OUTCOME:**

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

- Upheld (Agree)  
 **Overtured (Disagree)**  
 Partially Overtured (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
726.10	23430		Prosp.				xx/xx/xx		Overtured
726.10	29807		Prosp.				xx/xx/xx		Overtured
726.10	29822		Prosp.				xx/xx/xx		Overtured
726.10	29826		Prosp.				xx/xx/xx		Overtured
726.10	29827		Prosp.				xx/xx/xx		Overtured

**PATIENT CLINICAL HISTORY (SUMMARY):**

The claimant has a long history of an acute injury to the shoulder. It happened at work on xx/xx/xx. The claimant had acute pain. This has gone on to chronic dull pain and limited range of motion.

Initial MRI scan showed tendinopathy of the supraspinatus and a follow-up MRI scan showed a rim rent tear of the distal supraspinatus, partial, as well as some blunting of the anterior labrum.

Benefit review conference, as this was a disputed case, covered all of these entities as part of the acute injury.

Surgery for cuff repair and labral debridement versus repair has been denied due to the reviewer being unable to get in touch with the operating surgeon and the lack of documentation of anesthetic injections or an inability to raise the arm.

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

Based on the clinical review of the medical records, the claimant has exhausted all conservative measures for an acute injury consisting of a rim rent tear and possible labral injury. Shoulder arthroscopy with decompression, cuff repair, and possible labral treatment, debridement versus repair, is certainly medically reasonable and indicated and necessary for this claimant to continue this claimant back to a return to work status.

I, therefore, overturn, i.e. disagree with, the insurance company's denial of the request.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase
- AHCPR-Agency for Healthcare Research & Quality Guidelines
- DWC-Division of Workers' Compensation Policies or 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-Office Disability Guidelines & Treatment Guidelines
- Pressley Reed, The Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & 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)