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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Sept/24/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left shoulder arthroscopy with a rotator cuff repair with a patch

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

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.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who reported an injury to his left shoulder. No description of initial injury was provided. A clinical note dated 02/18/13 indicated the patient complaining of bilateral hand and shoulder numbness and pain. The patient reported a one year history of symptoms. Upon exam, the patient demonstrated positive impingement sign at the left shoulder. Weakness was identified with supraspinatus testing. The MRI of the left shoulder dated 02/10/14 revealed full thickness tear at the distal supraspinatus tendon. Tendinosis was also identified at the supraspinatus, infraspinatus, and subscapularis. Significant thinning was identified at the inferior glenoid labrum without a tear. A clinical note dated 02/12/14 indicated the patient continuing with left carpal tunnel findings and left shoulder pain. Designated doctor evaluation dated 02/18/14 indicated the patient continuing with left shoulder pain. The patient completed five physical therapy sessions to date. The patient rated pain 6/10. Upon exam the patient demonstrated 160 degrees of right shoulder flexion, left shoulder flexion, 28 degrees of extension 130 degrees of abduction, 26 degrees of adduction, 53 degrees of internal rotation, and 43 degrees of external rotation. Strength was 4/5 at biceps and triceps. A clinical note dated 06/25/14 indicated the patient continuing with signs of severe impingement. A clinical note dated 08/20/14 indicated the patient being recommended for rotator cuff repair at the left shoulder. The utilization review dated 07/10/14 resulted in denial as no information was submitted regarding the need for rotator cuff patch.

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

The documentation indicates the patient complaining of left shoulder pain with associated range of motion deficits. The patient had full thickness tear at distal supraspinatus. Therefore, it would be reasonable to surmise the patient would likely benefit from rotator cuff repair. However, no information was submitted regarding the need for rotator cuff patch. No high quality studies have been published in peer reviewed literature supporting the safety and efficacy of the use of rotator cuff patches. Therefore, this request is not indicated. As such, it is the opinion of this reviewer that the request for the left shoulder arthroscopy with rotator cuff repair with a patch is not recommended as medically 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