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Notice of Independent Review Decision

Amended Date: **08/04/2015**

Description of the service or services in dispute:
Review Outcome:

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

Orthopedic Surgery

Right Rotator Cuff Repair and Subactromial Decompression

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)

Patient Clinical History (Summary)

The patient is a 42 year old female who was injured on 06/25/12 while opening cell doors. The patient reported an injury to the right shoulder. The patient was initially treated with pain medications topical

right shoulder pain that was present daily and was severe 9/10in intensity. This impacted the patient's ability to perform most activities of daily living. The patient's pain continued despite continuing anti-inflammatories and narcotic analgesics. The initial 03/17/15 evaluation by noted limited range of motion in the right shoulder with significant tenderness to palpation over the rotator cuff interval

additional subacromial decompression completed on 05/23/14. The patient attended post-operative physical therapy following the second surgery. assessed the patient with a recurrent failed rotator cuff

repair in February 2015. The patient then started seeing on 03/17/15 for continuing complaints of atrophy of the infraspinatus muscle wasnoted. The proposed revision right a right rotator cuff repair with subacromial decompression was denied on 06/05/15 as there was expected high risks for further complication over the rotator cuff insertion. The patient was able to cheap more passive range of motion but still had pain at the upper limits of forward flexion and abduction. There was moderate weakness noted on abduction with continuing positive impingement signs. Empty cane testing was also noted to be positive as well as positive Speed's and O'Brien's signs. The patient was seen for follow up on 05/28/15. No change in retear of the rotator cuff as well as degenerative signal in the superior labrum with fraying. There was no
indication of any significant calcification but moderate atrophy of the supraspinatus muscle as well as milde given the patient has failed two prior rotator cuff repairs. There was insufficient evidence to support a third attempt at repair. The request was again denied on 06/18/15 as there was still no evidence to support a

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

The patient has undergone two prior rotator cuff repairs with subacromial decompression that have not addressed the patient's overall pain. The most recent MR arthrogram studies of the right shoulder noted a

retear of the rotator cuff with moderate atrophy of the supraspinatus musculature as well as milder atrophy of the infraspinatus muscle. In this case the patient is at high risk for further complications with a third attempt at a rotator cuff repair. most recent clinical records did not provide any further information for a graft jacket type repair or that he had any extensive experience in salvaging prior failed rotator cuff repairs. Given that the current clinical literature does not provide sufficient evidence regarding the efficacy of salvage type rotator cuff repairs in regards to overall functional improvement or pain relief, it is this reviewer's opinion that medical necessity for the request has not been established prior denial remains upheld.

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
- ☐ AHCPR-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 edical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria anual
- ☐ Peer Reviewed Nationally ccepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)