

## Notice of Independent Review Decision

**DATE OF REVIEW: 01/05/2015**

**IRO CASE #:**

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

OP Right shoulder rotator cuff repair/arthro SAD & Cal/Arthro distal clavicle. 29827, 29826, 29824.

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

The TMF physician reviewer is a board certified orthopedic surgery with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

### **REVIEW OUTCOME**

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the OP Right shoulder rotator cuff repair/arthro SAD & Cal/Arthro distal clavicle. 29827, 29826, 29824 is not medically necessary to treat this patient's condition.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker is a male who suffered a straining injury to the right shoulder lifting heavy metal parts on xx/xx/xx. He suffers painful diminished range of motion of the right shoulder with impingement signs positive. An MRI scan on 10/23/2014 revealed a

2cm X 2cm full thickness tear of the supraspinatus portion of the rotator cuff and a type 2 acromion. The acromioclavicular joint was specifically described as "...unremarkable..." The patient has been treated with physical therapy, medications and activity modification. He remains symptomatic with pain. The current request is for preauthorization of arthroscopic subacromial decompression, rotator cuff repair and distal clavicle resection.

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

While this patient is a likely candidate for arthroscopic rotator cuff repair and acromioplasty, he lacks indication for distal clavicle resection. Distal clavicle resection is not appropriate at this time. The acromioclavicular joint is unremarkable and distal clavicle resection is not medically necessary.

**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 KNOWLEDGBASE
- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
  
- ODG- OFFICIAL 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)