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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/12/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 sewho, airplane design, abduction positioning for left shoulder

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgery

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 medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the request for 1 SEWHO, airplane design, abduction positioning for left shoulder is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: This patient is a male with left shoulder pain. On 08/11/14, he was seen in clinic with complaints of pain to the left shoulder following an accident on xx/xx/xx. At that time, he reported a slip and fall injuring his back and his left shoulder. He stated the diagnosis having a left rotator cuff tear and underwent a rotator cuff reconstruction and two weeks after that he underwent back surgery. He subsequently had a delay in physical therapy for his left shoulder. He stated he had only mildly improved by his left shoulder surgery. On exam he cannot actively abduct beyond 90 degrees and had difficulty at 90 degrees. He did not appear to be weak in external rotation. He had a negative belly press test. He was not tender over the AC joint, and he appeared to be tender over his rotator cuff insertion. X-rays of the left shoulder revealed 2 retained suture anchors with sclerosis of the greater tuberosity and calcific tendonitis within the rotator cuff. He was noted as probably AC joint irregularity and a very irregular undersurface of the acromion. An MR arthrogram performed on 06/30/14 was reviewed showing irregularity of the undersurface of the rotator cuff without a full thickness tear being noted.

On 11/03/14, an MRI of the left shoulder was obtained, revealing evidence of a previous rotator cuff repair. There was a high grade partial thickness and undersurface tearing of the supraspinatus and anterior infraspinatus tendons with delamination and proximal retraction of the torn undersurface fibers. No definite full thickness tear was seen. There was also a labral tear. Attenuation of the superior labrum was noted and the articular portion of the long head of the biceps tendon was not identified and was presumed torn, assuming no history of tenodesis. Discussion about the surgery was held between the patient and the provider and it was noted he was being limited for 6 weeks following the procedure and there would be a lot of postoperative rehab.

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

The submitted records indicate that a utilization review report dated 11/24/14, noted the request for a SEWHO airplane design abduction positioning for the left shoulder was not medically necessary. It was noted then that ODG recommended abduction splints post massive rotator cuff repair, and at that time the records do not indicate such pathology was present. On 12/05/14, a utilization review report was submitted, noted that the request for a DME of a 1 SEWHO, airplane design, abduction positioning for the left shoulder was not medically necessary. It was noted then that an abduction pillow or splint was only recommended for open, large and massive rotator cuff tears, and medical records provided did not show a massive tear and therefore the request was not medically necessary.

The submitted records indicate that the 11/03/14 MRI of the left shoulder reveals an irregular partial thickness undersurface tearing of the supraspinatus and anterior infraspinatus tendons with delamination of the tendon fibers and proximal retraction of the torn undersurface fibers approximately 3 centimeters from the greater tubosity. The undersurface tearing is most prominent at the anterior distal supraspinatus tendon where it is nearly full thickness. Guidelines recommend postoperative abduction pillow slings as an option following open repair of large and massive rotator cuff tears. This device keeps the arm in position and takes tension off the repaired tendon. It is further noted that abduction pillows for the large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The records do not document a massive rotator cuff tear that is retracted to warrant the need for this device. Therefore, it is the opinion of this reviewer that the request for 1 SEWHO, airplane design, abduction positioning for left shoulder is not medically necessary and the prior denials are upheld.

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

ACOEM-AMERICA 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 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)