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Review Outcome:

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

Orthopedic Surgery

Description of the service or services in dispute:

R shoulder arthroscopy, subacromial decompression, glenohumeral debridement, biceps tenodesis

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.

Biceps tenodesis is not indicated as medically necessary
Subacromial decompression and glenohumeral debridement at the right shoulder is medically necessary.

Patient Clinical History (Summary)

The patient is a male who reported an injury to his right shoulder. The clinical note dated 02/06/14 indicates the patient complaining of back and right shoulder pain. The MRI arthrogram of the right shoulder dated 07/17/14 revealed tendinosis at the distal supraspinatus and subscapularis. Subtle acromioclavicular osteoarthritis was also identified. The long biceps tendon was identified as being intact. The clinical note dated 10/09/14 indicates the patient continuing with right shoulder pain. Radiating pain was identified from the biceps into the forearm. Pain was also identified at the lateral, anterior, and posterior regions of the shoulder. The patient described the pain as a sharp and moderate sensation that was rated as 5/10. There is an indication the patient had undergone a bicipital groove injection at that time. The clinical note dated 10/27/14 indicates the patient showing signs consistent with impingement syndrome. The patient reported the Cortisone injection did provide very temporary relief of approximately 1 day. The patient reported a 10% reduction in pain. Upon exam, the patient was able to demonstrate 105 degrees of right shoulder flexion with 61 degrees of external rotation. Positive findings were identified with provocative testing to include Neer's, Hawkins', and Jobe's as well as O'Brien's testing. The patient was being recommended for a right shoulder arthroscopy with a subacromial decompression, glenohumeral debridement, and a biceps tenodesis.

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

The documentation indicates the patient complaining of ongoing right shoulder pain with associated range of motion deficits. There are indications the patient may benefit from a subacromial decompression. However, the submitted imaging studies revealed essentially a normal biceps tendon. Without confirmatory evidence regarding the biceps tendon, it is unclear if the patient would benefit from a biceps tenodesis. Therefore, this request is not fully indicated. As such, it is the opinion of this reviewer that the request for a biceps tenodesis is not indicated as medically necessary. However, given the significant findings identified by clinical exam to include positive provocative testing and taking into account the imaging studies confirming impingement, it does appear the patient would likely benefit from a subacromial decompression and glenohumeral debridement. Therefore, the request for a subacromial decompression and glenohumeral debridement at the right shoulder is indicated.

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 Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)