



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 9/22/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Traumatic arthropathy involving the shoulder region.

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

Texas State Licensed MD Board Orthopedic Surgeon

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.

PATIENT CLINICAL HISTORY:

This is a gentleman who has a massive rotator cuff tear, who has retraction of the tendon and atrophy of the supraspinatus with underlying osteoarthritis in the glenohumeral joint, being treated. The physician believes this claimant has a rotator cuff tear that is repairable. The concern at this time is the underlying arthritis, significant enough that despite a successful rotator cuff repair, the claimant would have persistent pain. The secondary issue is there any need for requested surgery at this time. Now this is an explanation that the decision including clinical basis finding including the decision. Based on clinical experience and ODG guideline for the shoulder, indications of rotator cuff repair include the diagnosis of full thickness rotator cuff tear. The claimant has a full thickness rotator cuff tear.

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

Consistent with rotator cuff tear. At this point, based on these guidelines, it is acceptable to approve the requested surgery. The comments made by the previous reviewers that rotator cuff repair in a case with underlying osteoarthritis mainly to lessen ideal results is correct. The claimant and therefore, based on his functional requirement, it does not appear that a reverse shoulder replacement is acceptable. Based on medical notes, presented in the case, it is supported that his decision is to proceed with surgery. It appears that he believes that the cuff tear is repairable and he believes that despite the underlying osteoarthritis, the claimant will regain function of his shoulder.



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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 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)