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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:

Left shoulder; rotator cuff repair, MUA

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 female who reported an injury to her left shoulder as result of pulling a heavy part from an overhead shift shelf resulting in a pulling type sensation in the left arm. The clinical note dated indicates the patient having a three week history of symptoms at the left shoulder. The patient reported the pain to be persistent. There is indication the patient had previously undergone a trial of physical therapy which worsened the patient's symptoms. Upon exam range of motion limitations were identified throughout the entire shoulder. The patient described the pain as a sharp and burning sensation. The note indicates the patient undergoing injection at that time. Tenderness was identified at the supraspinatus and the anterior region of the glenohumeral joint sphere. The clinical note dated 06/10/15 indicate the patient continuing with left shoulder pain. Range of motion limitations continued in all planes. The patient had been recommended for an MRI at that time. The MRI of the left shoulder dated 06/18/15 revealed a partial thickness tear involving the bursal surface as well as the supraspinatus tendon. A partial thickness SLAP type tear was also identified. Mild subcoracoid bursitis was further revealed. Mild osteoarthritis was further revealed at the acromioclavicular joint. The clinical note dated 06/23/15 indicated the patient continuing with left shoulder pain. The patient described ongoing swelling as well as stiffness at the left shoulder. The clinical note dated 06/30/15 indicates the patient being recommended for in a surgical intervention at that time.

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

The documentation indicates the patient complaining of left shoulder pain with ongoing range of motion deficits. A rotator cuff repair with manipulation and anesthesia is indicated for patients who are completed a full three month course of conservative treatments with ongoing provocative findings. There is an indication that the patient had previously undergone physical therapy. However, no information was submitted regarding the completion of a full three month course of treat treatment. Furthermore, no information was submitted regarding the patient's specific complaints of pain with active arc of motion from 90-130 degrees. Additionally, no information was submitted regarding the patient's specific complaints of pain at night. Given these factors, the request is not indicated. As such, it is the opinion of this reviewer that the request for a left shoulder rotator cuff repair with a manipulation under anesthesia is not recommended as medically necessary.

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 AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and

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- 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 Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)