

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

[Date notice sent to all parties]:

9/17/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right bicep tenodesis

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman was injured while working. The medical records that have been provided indicate that he was using a large industrial wrench and was pulling very hard when he felt a pop in the right shoulder. He had an MRI that reported a full-thickness tear in the supraspinatus and biceps tenosynovitis. An addendum to the original report from Envision Imaging noted a full-thickness tear of the biceps with retraction to the mid-humerus.

performed a rotator cuff repair and a debridement of the biceps tendon. Patient then went to physical therapy. At some point, he felt additional pain and weakness in the right arm. Preferred Imaging performed an MRI of the right shoulder on 08/11/15 that reported that the biceps tendon was not in the normal groove, and the articular attachment was not identified. The rotator cuff repair was intact and the anchors were present.

has now requested authorization for a repair of the biceps tendon rupture. The

request was denied on two occasions by orthopedic surgeons for lack of proper treatment and lack of ODG recommended criteria.

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

This requested surgery is non-certified due to lack of appropriate recommendations. ODG recommendations for treatment of a ruptured biceps tendon include the finding that surgery is almost never performed in the adult patient. This man has had appropriate physical therapy but has continued pain and decreased range of motion in the arm. He does have an apparent impairment, but the request for surgery is denied due to the recommendations of ODG and to long-standing criteria based on experience and accepted standards of care. The complete rupture is almost never repaired, and there are no additional findings in this case that would require surgical repair. He has received 7 months of treatment including a rotator cuff repair. The recent MRI indicates that there is a complete rupture at the labral origin of the biceps tendon. Based on accepted standard of care criteria including the ODG, the request for surgical repair of the biceps tendon rupture is non-certified.

IRO REVIEWER REPORT TEMPLATE -WC

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS