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DATE OF REVIEW: 4/07//2016

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Shoulder Arthroscopy, Subacromial Decompression, Distal Clavicle Excision Biceps Tenodesis, Possible Rotator Cuff Repair.

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

M.D. Board Certified in Orthopedic Surgery and Sports Medicine.

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)

PATIENT CLINICAL HISTORY [SUMMARY]

Patient is a male with right shoulder injury on XX/XX/XX while throwing a rope over a compressor. He had pain and a popping sensation at the time of injury along with noted deformity of his biceps muscle. His first clinic note on XX/XX/XX states that he is having difficulty with overhead motions and with flexion. His examination showed positive impingement and cross arm adduction tests, weakness with abduction, crepitus within the subacromial space, decreased ROM, distal migration of the biceps musculature, and pain with elbow flexion. There is no official X-ray report but the report by the practitioner reports hypertrophic changes at the AC joint and no glenohumeral joint DJD.

MRI dated XX/XX/XX showed a complete tear of the long head of the biceps proximal tendon, mild tendonopathy of the supraspinatus without rotator cuff tear, cystic degeneration at the greater tuberosity, and osteoarthritis of the AC joint. The patient was recommended to have surgical intervention at this time. He was seen again XX/XX/XX with essentially unchanged history and exam. No conservative treatment options are documented as being attempted.

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

Per ODG references the requested "Subacromial Shoulder Decompression, Arthroscopy, Distal Clavicle Excision, Biceps Tenodesis, Possible Rotator Cuff Repair" is not medically necessary. The requested surgical intervention is not approved at this time. There have been no documented attempts at any conservative management outside of pain medication, such as steroid injection or physical therapy, which is recommended for his conditions for at least 3 months by ODG guidelines. Also, biceps tenodesis is not generally recommended by ODG guidelines as an initial treatment for complete proximal biceps tendon ruptures but only for



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those that have persistent biceps symptoms that fail conservative treatment. Third, for a partial thickness rotator cuff tear (which the MRI reads as having just tendonopathy and not a tear), subacromial impingement, and AC arthritis conservative treatment options are recommended before proceeding to surgical intervention.

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

- 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