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An Independent Review Organization

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Shoulder arthroscopy exam possible rotator cuff repair, possible superior capsular ligament reconstruction with dermal allograft tissue, debridement subacromial decompression.

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury was described as a XXXX. XXXX was diagnosed with rotator cuff tear of the right shoulder. Prior treatment included medications, injections, activity modifications, physical therapy, and diagnostic imaging. An MRI report of the right shoulder on XXXX revealed massive, full-thickness tears of the rotator cuff tendon complex, muscular tendinous retraction and muscle edema/fatty atrophy due to an acute upon chronic injury. The biceps tendon was torn, and there was moderate bursitis in shoulder joint effusion. There were minimal subchondral enthesopathic changes of the humeral head. On XXXX, the patient presented for follow-up with ongoing pain in the right shoulder. Physical therapy and injections had not been significantly helpful. XXXX was unable to raise XXXX arm overhead. On examination, forward flexion was limited to 60°, with decreased range of motion with external and internal rotation. Orthopedic testing was positive, including drop arm, Hornblower's, external rotation lag sign, Napoleon test, and bearhug test. The provider recommended proceeding with superior capsular ligament reconstruction with dermal allograft. The request was previously denied on XXXX as guidelines indicate that the Mihata procedure is considered experimental by guidelines. A letter of appeal on XXXX indicated that the surgical procedure was well accepted by the clinical community, and the patient had failed nonoperative treatment and required surgery. The request was again reviewed on XXXX and denied as there were no extenuating circumstances to support proceeding with surgery outside of guideline recommendations for treatment.

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

According to the available documentation, the requested surgical procedure was previously denied on XXXX and again on XXXX, as the requested procedure in question (superior capsular reconstruction) is not recommended due to lack of higher quality studies by guidelines. In this case, the provider noted that the patient had significant functional limitations and pain related to shoulder deficits. Imaging revealed tears of the rotator cuff tendon complex, tears of the biceps tendon, and moderate bursitis. The patient had failed to respond to nonoperative treatment. However, as the requested surgical procedure is considered investigational by evidence-based guidelines, the request is not supported. There were no exceptional factors noted to support this surgical procedure outside of guidelines.

As such, shoulder arthroscopic exam with possible rotator cuff repair, possible superior capsular ligament reconstruction with dermal allograft tissue, debridement, and subacromial decompression is not medically necessary, and the prior determination is upheld.

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

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder, Superior capsule reconstruction (Mihata procedure)