INDEPENDENT REVIEWERS OF TEXAS, INC.
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01/29/2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right shoulder revision reverse total surgery arthroplasty

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

[X] 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]:
The claimant is a XX year old XX who was injured on XXXX due to a XXXX. The claimant injured the right shoulder and has a history of multiple surgical procedures to include a rotator cuff repair in XXXX followed by an arthroplasty in XXXX. The claimant did undergo post-operative physical therapy but required a diagnostic arthroscopy for ongoing right shoulder pain in XXXX. The claimant is status post right shoulder limited debridement on XXXX. The arthroscopy notes demonstrated a high grade partial thickness rotator cuff tear at the supraspinatus tendon. The XXXX clinical report indicated that there was no further evidence of a right shoulder infection. There was evidence of a non-functioning rotator cuff. The physical exam noted pain with impingement maneuvers. There was also pain with weight bearing of the right shoulder. The claimant was recommended to convert the arthroplasty to a reverse arthroplasty in order to addressing the non-functioning rotator cuff. The recommended right shoulder revision reverse shoulder arthroplasty was denied by utilization review as there was no evidence of complication to the previous arthroplasty components. It is unclear if non-operative measures have failed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The claimant has been followed for persistent right shoulder pain despite multiple surgical procedures and post-operative physical therapy. The recent diagnostic arthroscopy verified an incompetent rotator cuff with extensive tearing. The arthroscopic findings would support that the rotator cuff is irreparable. The claimant has significant pain with impingement maneuvers and with weight bearing. However, the records still do not document failure of at least 6 months of reasonable non-operative measures to include injections, formal physical therapy, or medications. Therefore, in this reviewer's opinion medical necessity is not established and the prior denials are upheld.

IRO REVIEWER REPORT TEMPLATE -WC

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)**