

# True Decisions Inc.

An Independent Review Organization

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## IRO REVIEWER REPORT

Date: 4/17/2018 12:32:15 PM CST

IRO CASE #: XXXXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** 1 right shoulder mini open rotator cuff repair to include glenohumeral debridement and arthroscopic subacromial decompression; 1 post op arc brace with fitting; 1 assistant surgeon

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** Orthopaedic 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 XX with history of an occupational claim from XXXX. The mechanism of injury was detailed as XX. The MRI of the right shoulder from XXXX revealed chronic full-thickness tear to the distal supraspinatus and infraspinatus components of the rotator cuff with retracted myotendinous fibers overlying the medial third of the humeral head. There was minor to mild fatty muscular atrophy to supraspinatus and infraspinatus. There was superior subluxation of the humeral head with the acromiohumeral space measuring less than 1 mm posteriorly. There was small glenohumeral joint effusion with a prominent spur to the inferior medial margin of the humeral head. There was partial intrasubstance tearing and tendinopathy to the insertional fibers of the subscapularis. There was proximal biceps tendinopathy which is medially subluxed proximally. There was mild blunted posterior labrum with degenerative labral morphology/fraying. The clinical note from XXXX notes that the patient had a positive impingement sign. There was painful arc of motion between 90-130°. There was tenderness in the impingement area. Supraspinatus strength was 4/5. External rotation strength was 4+/5. The patient has exhausted conservative treatment including medications, activity modifications, physical therapy, subacromial injection and the tincture of time. The letter of medical necessity from XXXX notes that the patient previously had a rotator cuff repair XXXX and subsequently regained approximately 95% return of function for the XX. The patient indicates patient also underwent a rotator cuff surgery in XXXX.

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

The official disability guidelines note that revision rotator cuff repair is recommended for patients with intact deltoid origin, good quality rotator cuff tissue, preoperative elevation above horizontal and only one prior procedure. The documentation indicates that the patient has had 2 prior rotator cuff procedures. There was no indication that the patient had good quality rotator cuff tissue. As the requested shoulder surgery was not supported, the concurrent request for post-operative arc brace and assistant surgeon is also not supported. Therefore, the requested 1 right shoulder mini open rotator cuff repair to include glenohumeral debridement and arthroscopic subacromial

decompression; 1 postop arc brace with fitting: 1 assistant surgeon 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:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

1. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder, Surgery for rotator cuff repair 2. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder, Surgery for impingement syndrome 3. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder, Postoperative abduction pillow sling 4. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low back, Surgical assistant