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IRO REVIEWER REPORT

Date: 4/19/2018 1:08:23 PM CST

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Open reduction internal fixation right shoulder with allograft

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:

☐ Partially Overtuned Agree in part/Disagree in part

☐ Upheld Agree

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a XX with diagnoses to include glenohumeral arthritis of the right shoulder, primary osteoarthritis of the right shoulder, and complete rotator cuff tear of the right shoulder. The mechanism of injury was detailed as XX. The patient was initially treated with medications for pain control and immobilization. The patient has a surgical history of a subacromial decompression that occurred on XXXX. The patient underwent a CT scan on XXXX that showed an acute fracture of the glenoid with an 8 mm fragment and displacement of approximately 1 cm. The patient also had evidence of a chronic rotator cuff tear and moderate hypertrophy of the acromioclavicular joint. The patient was evaluated on XXXX due to ongoing shoulder pain and feelings of instability. Physical exam findings included significantly limited range of motion secondary to pain with tenderness to palpation over the glenohumeral joint. The treatment plan included an open reduction internal fixation with allograft. This was initially denied due to lack of sufficient documentation to support the surgical request. The decision was appealed and again reviewed resulting in an adverse determination due to a lack of support for the use of an allograft during the surgical procedure. An external review was requested as all appeal options with the carrier were exhausted.

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

The clinical documentation submitted for review does support that the patient has a chronic rotator cuff tear in combination with a significant comminuted and displaced fracture. To this significant injury, and open reduction internal fixation would be supported in this clinical situation as this surgical approach typically has a better outcome than shoulder replacement. Additionally, the use of allograft to assist with rotator cuff repairs has become more and more common in the last XX years. Per the peer-reviewed literature, this is a standard treatment for partial repairs or patients with massive rotator cuff tears.

Therefore, the denial for the requested open reduction internal fixation of the right shoulder with allograft is medically necessary and overturned.

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
- ☑ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- 1. Choi, J. J., Alentorn-Geli, E., Stuart, J. J., Garrigues, G. E., & Toth, A. P. (2016). Rotator Cuff Reconstruction and Augmentation Using Polymer, Allograft, and Xenograft Constructs. Techniques in Orthopaedics, 31(2), 102-107.

 2. Pandey, R., Tafazal, S., Shyamsundar, S., Modi, A., & Singh, H. P. (2017). Outcome of partial repair of massive rotator cuff tears with and without human tissue allograft bridging repair. Shoulder & elbow, 9(1), 23-30.

 3. van Riet, R. P., & Morrey, B. F. (2017). Radial Head Fracture: Open Reduction and Internal Fixation.a. Morrey's The Elbow and Its Disorders E-Book, 388.

 4. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder Chapter, Open Reduction Internal Fixation

 5. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder Chapter, Graft, rotator cuff