

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (682) 238-4976

Fax: (888) 519-5107

Email: reed@iroexpress.com

Date: 11/28/2018 10:50:22 AM CST

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX

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]:

XXXX. XXXX was diagnosed with XX XX XX XX of the XX XX, initial encounter and XX of other parts of the XX XX XX, initial encounter. XXXX evaluated XXXX on XXXX for XX XX pain radiating to the XX XX, XX, and XX. XXXX noticed a XX to XXXX XX from XX to XX. XXXX was no longer working for XXXX pain. On examination, XXXX had pain basically over both XX and XX XX. There was pain over the XX as well. Range of motion included XX to approximately XX degrees and same with the XX. XXXX could not get XXXX XX behind the XX. XXXX evaluated XXXX on XXXX for pain in the XX and XX aspects of the XX XX. XXXX noted swelling and pain in the XX aspects of the XX XX immediately after the injury. XXXX had a catching sensation with internal and external rotation. XXXX had attempted activity avoidance and anti-XX. XXXX had pain with XX activity. XXXX also had localized pain in the XX joint region. XXXX had undergone an MRI scan, which did not show evidence of a XX tendon tear. The XX XX appeared torn and the XX XX appeared XX from the XX XX. These findings were not noted by the radiologist. Examination of the XX XX revealed forward elevation to XX degrees, external rotation to XX degrees, and internal rotation to the XX level. There was tenderness and swelling over the XX joint, and swelling over the XX region, which was pronounced when compared to the XX XX. There was evidence of instability in the XX area. The

tendon was XX external to the XX XX and XX mobile. Yergason's and Speed's tests were XX. XX sign caused XX. XXXX had a XX XX sign and a XX XX-XX XX test. XX strength testing revealed XX. XXXX was not working at the time. XXXX opined that XXXX had a XX injury which involved the XX XX XX, a grade XX XX joint injury, which continued to be symptomatic, a XX XX XX consistent with a XX XX and a XX XX XX. All those issues were structural and must be addressed. XXXX had a very impressive examination for XX tendon dislocation. A cortisone injection was not indicated. This was a structural lesion. Furthermore, XX therapy would not afford him relief. XXXX was young and active. XXXX had attempted XX therapy, which did not help. That would be the expected result because XXXX had a XX XX XX. XXXX had pain emanating from the XX XX region secondary to the XX injury. XXXX examination was also consistent with XX syndrome with a XX XX sign, which was reproducible. On XXXX, XXXX continued to have significant difficulty with XXXX XX. While the MRI scan was of poor quality, physical examination was used to guide treatment options. Examination remained unchanged as compared to the prior visit. XXXX stated that XXXX would submit that XXXX XX tendon was XX and significantly XX on physical examination. XXXX also had a significant XX joint injury and a XX XX XX XX tear. On XXXX, XXXX stated that XXXX continued to have difficulty with respect to XXXX XX. Examination of the XX XX remained unchanged from the prior visit except for forward elevation to XX degrees. XXXX opinion remained unchanged as compared to prior visits. An MRI of the XX XX XX with XX dated XXXX was limited due to faulty XX suppression. XX signal within the XX was nonspecific. This was difficult to assess given the faulty XX suppression. Differential consideration included regional XX XX and XX. Mild XX XX of the XX joint was noted. A XX proximal XX XX XX lesion was not well-imaged on the MRI. Undated radiographs of the XX did not reveal any significant XX changes in the XX joint. A XX XX XX was noted. XX joint XX changes were noted. An XX XX lesion in the proximal aspect of the XX was unchanged since XXXX. The treatment to date included medications (XXXX) and XX therapy without relief. Per a utilization review decision letter dated XXXX, the request for XX XX XX, XX XX, XX XX XX, XX XX XX, and XX XX XX-XX (XX) repair and XX was denied. Rationale: "Regarding the requested surgical intervention, the submitted documentation indicated the patient has been XX in XX therapy and utilizes anti-inflammatories without relief. The physician notes the patient is a XX XX XX with ongoing subjective and objective finding that can only be corrected via surgical intervention. The physician noted the patient had a subsequent XX XX XX as well as what appeared to be a XX XX, both of which were not noted by the radiologist read of the MRI. According to the referenced guidelines, surgical intervention for a XX repair is dependent on the type of lesion. The documentation also does not detail the length of conservative care participation. While the physician notes additional conservative care will not relieve symptoms. The patient is only XX-XX/XX months status post injury and the guidelines recommend XX months to XX year of conservative treatment prior to surgical intervention. Furthermore, it is unclear why the patient would need a XX XX as well as XX repair and XX. Further clarification is needed on the specific re-read findings as well as conservative measures regarding the length of participation. Given the above, the requested XX XX XX with XX decompression, XX XX excision, XX XX XX, and XX XX repair and XX is not medically necessary and is noncertified." Per a reconsideration review decision letter dated XXXX, the appeal for XX XX XX, XX decompression, XX XX excision, XX XX XX, and XX XX XX-XX (XX) repair and XX was not approved. Rationale: "Regarding the requested XX XX XX with XX decompression, XX XX excision, XX XX XX, and XX XX repair and XX, the submitted documentation indicated that the surgery was

previously denied due to insufficient MRI findings and lack of an adequate course of conservative management. Following the denial, the provider submitted an additional clinical note on XXXX, indicating that the patient’s physical examination was consistent with structural abnormalities that needed to be addressed by surgery. The provider also notes that additional XX therapy would XX be helpful given the patient’s condition. Although additional clinical documentation was provided for review, the submitted MRI still did not reveal significant evidence of a XX XX or XX XX XX to support proceeding with surgical intervention. The type of XX lesion was not identified. As such, the request is not consistent with guidelines. Therefore, XX XX XX, XX XX, XX XX excision, XX tendon XX, and XX XX repair, XX is non-certified. Peer-to-peer contact was not successful.”

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

The ODG does not recommend surgery for XX syndrome as an isolated procedure and recommends at least XX year of conservative treatment unless earlier surgical criteria for other associated XX diagnoses are met. The ODG recommends XX XX XX when there has been a failure of at least XX weeks of conservative treatment with persistent pain at the XX joint, tenderness over the XX joint and/or pain relief with a XX injection, and XX changes or severe XX joint XX of the XX joint. The ODG recommends XX XX for XX XX after XX months of failed conservative treatment including NSAIDs, injection, and XX therapy. The ODG recommends surgery for XX lesions after XX months of conservative treatment including NSAIDs, injection and XX therapy. The provided documentation reveals evidence of persistent XX XX pain approximately XX weeks out from injury despite initial treatment with NSAIDs and XX therapy. The official MRI radiology report of the XX XX reveals mild XX XX of the XX joint, no XX tear, and the XX tendon within the XX XX. The requesting clinician states that on their interpretation, the MRI revealed a XX XX tear and XX of the XX tendon. There is no evidence of posttraumatic changes or XX XX XX disease of the XX joint. There is no evidence of a treatment failure with an injection. In addition, it is unclear why a XX XX, XX XX repair and XX would be necessary to address the XX XX tear.

Given the limited duration from the time of injury, lack of conservative treatment, and inconsistencies in the interpretation of the MRI, the requested surgical procedures are not supported by the ODG. As such, medical necessity has not been established and the request 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

ODG, 2018: XX--Surgery for XX syndrome