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02/01/2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: arthroscopic shoulder surgery for SLAP lesion and distal claviclectomy (Mumford procedure)

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:

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 XXXX. The claimant's mechanism of injury was not provided. The claimant had been followed for complaints of right shoulder pain. Prior treatment had included physical therapy and medications to include NSAIDs. The claimant's last MRI study was from XXXX, and demonstrated mild acromioclavicular joint arthrosis with possible capsule or ligament tear. There were small tears in the rotator cuff and a tear of the long head of the biceps tendon. The XXXX clinical report noted ongoing right shoulder pain. The physical exam noted tenderness to palpation over the acromioclavicular joint and the biceps tendon. There was normal range of motion and strength with negative impingement signs. There was a positive Speed's sign. The surgical request was denied by utilization review as the claimant's imaging studies were out of date and there were no prior records regarding physical therapy.

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

The provided records noted ongoing right shoulder pain despite prior treatment to include medications and physical therapy. The claimant's physical therapy records were provided for review. However, the claimant's imaging of the left shoulder is still more than a year old and no updated imaging studies have been completed for the right shoulder. The claimant's last physical exam with an orthopedic evaluation is also from XXXX, and there is no other documentation of a more recent orthopedic assessment noting significant positive findings to support proceeding with a SLAP repair and distal clavicle excision. The physical exam in XXXX indicated tenderness over the biceps tendon and there were no findings noted of a possible SLAP lesion. The requested surgical procedure doesn't address this physical exam finding of tenderness over the long head of biceps and MRI abnormality of tear of the long head of the biceps tendon. MRI reportedly didn't demonstrate a SLAP lesion. Given these issues, it is this reviewer's

opinion that medical necessity is not established and the previous 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:

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES