

## IMED, INC.

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**01/15/2018**

**IRO CASE #: XXXXX**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

left shoulder arthroscopy with acromioplasty, distal clavicle excision, extensive debridement, capsular release, tenolysis, loose body removal, rotator cuff repair, and biceps tenodesis, and left shoulder sling, purchase

### **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:

Overturned (Disagree)

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 XXXXX while XXXXX. The claimant reported left shoulder pain. Initial radiographs of the left shoulder dated XXXXX were unremarkable for evidence of focal trauma. Treatment had included physical therapy and injections with up to one month of relief. The pts medication history did include NSAIDs. The MRI of the left shoulder dated XXXXX noted high grade bursal surface tear of the supraspinatus tendon with edema. There was fluid signal present in the subacromial region. The XXXXX clinical report provided for review was incomplete, and a physical exam was not provided. The XXXXX clinical report noted ongoing left shoulder pain. The physical exam noted moderate weakness at the left shoulder at the supraspinatus tendon. There were positive impingement signs noted as well as positive crossover adduction test and biceps load test. The requested surgery for the left shoulder was denied by utilization review which indicated inadequate pathology or objective findings to support the procedures.

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

The clinical findings noted in the provided records are consistent with a symptomatic left shoulder rotator cuff tear. The claimant presents with pain and tenderness to palpation over the left shoulder. The XXXXX clinical report did note multiple positive physical exam findings suggesting rotator cuff pathology. The claimant's physical exam findings do correlate with the MRI results that noted focal injury to the supraspinatus tendon consistent with a high grade tear. The claimant did have appropriate conservative treatment to include injections, medications, and physical therapy. As the records provided do address the prior review concerns, it is this reviewer's opinion that medical

necessity is established and the prior denials are overturned.

### **IRO REVIEWER REPORT TEMPLATE -WC**

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#### **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**

**MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

**MILLIMAN CARE GUIDELINES**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**