

# Pure Resolutions LLC

## *Notice of Independent Review Decision*

Case Number: XXXXXX

Date of Notice: XXXX

### Pure Resolutions LLC

An Independent Review Organization

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#### **IRO REVIEWER REPORT**

Date: 4/16/2018 3:41:40 PM CST

IRO CASE #: XXXXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Right total shoulder arthroplasty revision and inpatient stay

**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 who underwent total arthroplasty on XXXX. This surgery was a resulting from a XX at work. Since the shoulder replacement, the patient has had an increase in recurrent subluxation episodes in the past XX. Diagnostic arthroscopy was performed in XXXX and did not identify any mechanical problems with the shoulder joint replacement. However, the patient continued to be symptomatic. On XXXX, the patient shoulder arthroplasty revision. This request was reviewed and received an adverse determination due to a lack of documentation supporting that the patient had exhausted all non-operative measures prior to surgical consideration. The determination was appealed and upheld as no additional documentation was submitted. An external review was requested as all levels of appeals have been exhausted.

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

The clinical documentation submitted for this review indicates that the patient has unexplained recurrent dislocations following a reverse total arthroplasty of the shoulder. The documentation indicates that the patient has undergone multiple diagnostic studies and a diagnostic arthroscopy that did not identify any abnormalities with the equipment to explain the patient's recurrent symptoms. Although the recurrent instability of the dislocation can be damaging it could be an indication for surgery, there is no documentation that the patient has exhausted conservative management. Furthermore, the request includes an inpatient stay. The documentation does not provide a length of stay.

As such, the previous determination for a right shoulder arthroplasty revision an inpatient stay is not medically necessary, and the decision is upheld.

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### **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

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder Chapter, Arthroplasty (shoulder)