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IRO Certificate #XX

DATE OF REVIEW: 10/01/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
XX Shoulder Arthroscopy with RTR with asst surgical assistant, prosthetic implant, XX prosthetic implant

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in Orthopedic Surgery

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part) X

PATIENT CLINICAL HISTORY SUMMARY
Patient is a XXXX, who complained of XX shoulder pain and weakness. XXXX sustained a work injury in XXXX. XXXX underwent MRI of the XX shoulder without contrast XXXX showing large full thickness tear of the supraspinatus and infraspinatus tendons. There was mild XX. There was evidence of prior XX XX and XX. The MRI report also mentions prior rotator cuff repair. Apparently, the patient did undergo XX shoulder rotator cuff surgery in XXXX.

The patient was seen by XXXX. Documentation was not very informative.

The patient underwent XX shoulder revision rotator cuff repair by XXXX.

Patient followed up with XXXX, reporting slow improvement. XXXX was started on an exercise program at that time. Patient again followed up with XXXX. Clinic note documents that XXXX was doing better but complained of weakness with overhead activities with increasing pain keeping XXXX up at night. XXXX ordered an MRI arthrogram of the XX shoulder. This was performed XXXX showing post-surgical changes of rotator cuff repair, recurrent high-grade partial-thickness articular-surface tear of the XX involving 80% tendon thickness with focal full-thickness perforation. There was XX with thinning but no XX. There was no XX of the rotator cuff muscles. There are degenerate changes in the labrum. No significant arthritis in the glenohumeral joint and XX of the AC joint.

Follow-up with XXXX states the patient continues to have weakness and pain with activity.

XXXX recommended revision rotator cuff surgery.

Patient then saw XXXX, another XXXX. Patient reported increasing pain. Examination showed well maintained range of motion, pain with external rotation, 4/5 XX shoulder strength, tenderness to palpation in the anterior aspect of the XX shoulder with competent deltoid.

XXXX recommended revision rotator cuff repair with XX or XX supplementation.

Physical therapy notes document exercises that the patient was performing.

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

Opinion: I agree in part/disagree in part with the benefit company's decision to deny the requested service.

Rationale: **I feel the patient should benefit from revision XX shoulder rotator cuff repair. I do not recommend XX.** I ***do*** recommend using XX or XX, if necessary.

I feel that this patient will probably improve with a follow-up surgery, but XXXX risk of failure of a third repair is fairly high. Discussion of reverse total shoulder XX should also be conducted with the patient prior to XXXX third rotator cuff surgery.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)