



**MEDICAL EVALUATORS
OF TEXAS** ASO,LLC.

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: April 23, 2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX XX Diagnostic Arthroscopy, XX XX Repair, XX Decompression, XX XX Excision, XX XX, Extensive Debridement and Indicated Procedures XX, XX, XX, XX, XX and XX XX Pots-Op XX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN WHO REVIEWED THE DECISION

This case was reviewed by a physician who is board certified in Orthopedic Surgery and has been licensed in the State of Texas since 2014.

REVIEW OUTCOME

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

Overturned (Disagree)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a XX-year-old XX who was injured on XX when XX XX while XX at work sustaining XX XX injury. The MRI of the XX XX interpreted by XX XX, XX dated XX revealed “XX of the XX joint with severe XX, somewhat diffuse XX XX of the XX, XX surface moderate grade partial-thickness XX of the XX tendon, no full-thickness XX XX tear, and moderate XX joint XX XX.” EMG/NCS study report performed by XX XX, XX dated XX revealed “median XX at the XX of the XX and XX XX XX. The XX side was mild in severity and the XX side was moderate in severity. There were no findings of XX or XX neuropathy as well as no findings of XX radiculopathy on the XX.”

Progress Note by XX XX, XX dated XX documented the claimant to have complaints of XX XX pain and limited motion. The pain was reported to be located in the XX area and described as constant and sharp/achy. The claimant reported to XX. XX XX pain was 4-5/10 at rest with medication and 8/10 at worst. Activity/bearing weight, overhead motion and reaching behind XX aggravated the pain. The claimant reported popping/clicking and weakness and denied numbness/tingling, locking, dropping objects and swelling. Objective findings on examination by XX. XX included tenderness over the XX XX joint and XX groove. Passive and active ranges of motion were positive for pain and included 160 forward flexion, 40 external rotation and XX for internal rotation. XX. XX also documented positive XX sign, painful arc, speed test, and O’Brien’s test. XX. XX documented the claimant stated XX felt the same and reported concern about the pain XX experience after XX therapy. XX. XX reported the claimant received XX injection in XX XX



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XX for which XX reported 50-75% pain relief post injection. The treatment plan included XX and discontinuing XX therapy with continued home exercise program.

Progress Note by XX XX, XX dated XX documented the claimant received "injection xXX" in XX XX XX (XX joint and XX) with a reported 50-75% improvement in pain post injection. XX. XX reported the claimant had failed all conservative treatment of medications, XX therapy and would benefit from surgical intervention. Progress Note by XX XX dated XX documented the claimant received XX injection in XX XX XX for which XX reported 50-75% pain relief post injection. Progress Note by XX XX, XX dated XX documented the claimant reported XX XX pain without radiating pain. Pain was constant, sharp/achy, rated as a 5-6/10 at rest with medication but made XX XX and 8/10 at worst. Symptoms were worse with activity/bearing weight and improved with rest. There was pain with XX motion, reaching behind XX. There was popping/clicking and weakness. On XX exam, there was positive tenderness over the XX joint and XX groove. Active range of motion was forward flexion 90, external rotation 40, and internal rotation to XX with pain. Motor exam showed 4/5 ER/IR and 4/5 SS with pain. Gross sensation was intact to all XX XX. Provocative test showed positive XX sign, positive painful XX, negative drop XX test, positive Speed test, negative cross body adduction sign, negative XX press test, negative lift off sign, positive O'Brien's test, and negative XX assist test. The claimant was diagnosed with XX XX pain, impingement, partial XX XX tear, XX strain, post traumatic XX XX, XX XX, XX XX, and XX pain. XX. XX recommended operative procedure of XX XX diagnostic arthroscopy, XX XX repair XX, XX decompression XX, XX XX excision XX, XX XX XX, extensive debridement XX, and indicated procedures.

Prior denial letter from XX, Inc. dated XX denied the request for coverage of XX XX Diagnostic Arthroscopy, XX XX Repair, XX Decompression, XX XX Excision, XX XX, Extensive Debridement and Indicated Procedures XX, XX, XX, XX, XX and XX XX Pots-Op XX because based on "the clinical information submitted for this review and using the evidence based, peer-reviewed guidelines referenced above, this request is non-certified. During the peer discussion, it was stated the patient has XX and the XX XX tear. The patient never had XX pain before the injury. Afterwards, there is pain and weakness, and has undergone nonoperative management for a year. The patient had PT, NSAIDS, activity modification, and XX injections, and they are unsure if one was to the XX joint. There is mild to moderate XX joint XX, it is stated. The provider stated there is no other route to go as they have completed a year of treatment. There is limited motion with abduction and flexion. After this discussion, the patient has had a year of treatment; however, concerning the XX XX, it is unclear if they had an injection to that joint, and it is also reported the patient has limited motion, therefore, the request for XX XX Diagnostic Arthroscopy, XX XX Repair, XX Decompression, XX XX Excision, XX XX, Extensive Debridement and Indicated Procedures as well as the request for XX XX Post-op XX remains not medically necessary."

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



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The claimant is a XX-year-old XX with a history of XX XX injury and the request is for coverage of XX XX diagnostic arthroscopy, XX XX repair, XX decompression, XX XX excision, XX XX, extensive debridement and indicated procedures XX, XX, XX, XX, XX and XX XX pots-op XX.

After review of the records submitted, the claimant has persistent XX XX pain, restricted range of motion with abduction and flexion, and has tried and failed conservative treatment for more than XX XX including medications (NSAIDS), XX therapy, activity modification, XX injection and injections to XX and XX joints. The MRI of XX XX showed evidence of partial-thickness XX XX tear, XX tear, and underlying XX and XX joint XX. As a result, an arthroscopic procedure in attempt to improve XX XX range of motion, decrease pain, and improve function is a reasonable first-line surgical option since non-operative measures have failed. The claimant has evidence of subjective, objective and imaging clinical findings that meets the Official Disability Guidelines criteria for the requested XX XX arthroscopic procedure. Also, there are several peer-reviewed literatures that have demonstrated significant improvements in clinical outcomes and high patient satisfaction after the comprehensive arthroscopic management procedure for XX joint XX [2-3].

Therefore, based on the referenced guidelines/evidence-based medical literatures, as well as the clinical documentation stated above, it is the professional opinion of this reviewer that the request for coverage of XX XX Diagnostic Arthroscopy, XX XX Repair, XX Decompression, XX XX Excision, XX XX, Extensive Debridement and Indicated Procedures XX, XX, XX, XX, XX and XX XX Pots-Op XX is medically necessary and appropriate.

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

1. XX