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April 3, 2019

Amended Dates: April 4, 2019 and April 11, 2019

IRO CASE #: XX**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX, XX, XX****A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Board Certified in Orthopedic Surgery****REVIEW OUTCOME:**

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

Partially Overturned (Agree in part/Disagree in part)

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]: Patient is a XX year old XX who presents with a work injury. XX XX XX of an XX XX. XX XX XX XX XX, tried to XX with XX XX and pulled XX at work. Date of injury happened on XX. The patient's insurance company is denying XX, XX, XX.

XX – MRI Results-XX XX, XX: Examination: MRI XX XX, without contrast. History: Pain and numbness of both XX XX. XX.XX. Comparison: XX XX radiographs of the same day. Impression: Severe XX XX. Moderate XX XX, and mild XX XX. No evidence of high-grade tendon tear. XX XX noted about the XX XX aspect of the XX, and appears tapered towards the XX XX. Small tear of the superior XX is suggested adjacent to the XX XX, possibly mildly involving the XX XX also. The exact extent would be better assessed with MRI arthrogram. Mild XX XX at the XX groove. Moderate XX XX.

XX – Operative Report-XX XX. XX, XX: Pre-op Diagnoses: 1) XX XX XX syndrome and XX. 2) XX XX XX joint XX. 3) XX XX XX XX tear. Post-op Diagnoses: 1) XX XX XX syndrome and XX. 2) XX XX XX joint XX. 3) XX XX massive, nearly

irreparable XX XX tear. Procedures Performed: 1) XX XX arthroscopic XX XX repair. 2) XX XX XX decompression. 3) XX XX arthroscopic XX XX resection. Addendum: The patient had a massive XX XX XX tear that had poor XX; this was the much larger XX than what was recognized on the MRI. XX axillary XX were XX in order to expedite reduction and XX of the remnant XX XX. Note that, XX XX were used with a total of two horizontal XX XX directed through each XX XX. Ultimately, the XX XX could be covered, but the XX XX could not be re-approximated to its original insertion. For this reason, we would defer therapy for XX to XX weeks to allow for preliminary XX XX healing before engaging in range of motion.

XX – Physician Notes-XX A. XX, XX: HPI: The pt is a XX year old XX. Note: The pt presents for post-op f/u evaluation. XX XX since surgery. Title of Operation: XX XX arthroscopic XX decompression, XX XX resection, XX XX repair. The pt is “doing good” and has no complaints today. Denies fever, chills, wound drainage, numbness and tingling. Assessment and Plan: 1) XX pain, XX XX.XX/XX.XX); 2) XX impingement, XX XX.XX/XX.XX; 3) XX of XX XX XX.XX/XX.XX; 4) XX XX tear, XX XX.XX/XX.XX; 5) XX of XX XX joint XX.XX/XX.XX; 6) Orthopedic aftercare XX.XX/ XX.XX, Current plans: -Pt education: Instructions for the pt before and after surgery and How to XX health information online. Working diagnosis: XX XX arthroscopic XX decompression, XX XX resection, attempted repair of massive XX XX tear XX. I reviewed the arthroscopic photographs with the pt and family today. They understand that the XX XX is covered but the XX XX could not be approximated to its native insertion. The patient’s XX were removed today uneventfully. The pt was taught how to XX and XX the XX XX. The pt understands that there should be no use of the XX until f/u eval. XX will XX the XX at all times except when showering. We will defer PT given the size of the XX XX tear and the difficulty of XX XX repair. The pt will return for f/u eval as scheduled but sooner for any problems or issues. The next f/u appointment has been scheduled in XX weeks. Before I see the pt on the next visit, radiographs should be obtained: XX views of the XX XX. I may start PT on the next office visit.

XX – Physician Notes-XX A. XX, XX: HPI: The pt is a XX year old XX. Note: The pt presents for post-op f/u evaluation. XX weeks since surgery. Title of operation: XX XX arthroscopic XX decompression, XX XX resection and XX XX repair. XX states that XX is “doing good” and has no complaints today. The pt reports to have been complaint with the prescribed treatment plan. Denies fever, chills, wound drainage, numbness and tingling. XX notes swelling and tenderness at the radial base of the XX XX XX XX; XX has had surgery there previously. XX would like to have this evaluated today. Assessment and Plan: 1) XX pain, XX XX.XX/XX.XX; 2) XX impingement, XX XX.XX/XX.XX; 3) XX of XX XX XX.XX/XX.XX; 4) XX XX tear, XX XX.XX/XX.XX; 5) XX of XX XX joint XX.XX/XX.XX; Current plans: -Pt education: Instructions for the pt before and after surgery and How to XX health information online. Working diagnosis: XX XX arthroscopic XX decompression, XX XX resection, attempted repair of massive XX XX tear XX, XX XX XX XX XX base prominent XX. A PT prescription was completed today and provided to the pt specific for XX XX passive range of motion only, status post massive XX XX repair, continue XX XX full-time. XX understands that a XX XX XX removal of XX will be needed once healing of the XX XX is complete. XX will return for f/u eval as scheduled in XX weeks, but sooner for any problems or issues.

XX – Physician Notes-XX A. XX, XX: HPI: The pt is a XX year old XX. Note: The pt returns for evaluation after XX XX XX XX resection, XX decompression, and attempted massive XX XX repair surgery. XX complains of XX pain from the XX XX and XX has not been able to XX for XX weeks. (Incomplete medical records).

XX – XX Therapy Notes-XX XX, XX: Subjective: XX side. Specific physician orders: Yes: PROM ONLY s/p massive XX. Continue XX XX full-time. History of Present Condition/Mechanism of Injury: Pt notes XX XX XX of an XX XX. XX XX XX XX XX, tried to XX w/XX and pulled XX at work. Pt notes this happened on XX. Pt went to doctor on XX. XX went to orthopedist around a XX XX (late XX?). Pt notes XX got scheduled for surgery but blood work got messed up and XX had to wait an XX XX. Surgery on XX to repair massive XX XX repair (pt notes XX went in XX extra places and placed XXx the normal XX that XX normally places). Unknown additional procedures. Pt notes XX has been in XX for ~XX months now, just cleared to start PT for passive motion only. Pt notes XX XX will be repaired (XX) as soon as XX is good from same injury. Current Complaints/Gains: Pt reports that XX doctor released XX from the XX XX in XX but notes “XX.” States that XX continues to XX in XX d/t XX XX XX XX in XX. Pt reports that at XX last f/u XX doctor advised XX to continue w/XX weeks PROM, then XX weeks AAROM after which XX would be able to return to full AROM and strengthening interventions. “After all of this is done I’m probably going to have to have the XX XX fixed for the XX tear.” Summary/Recommendations: Pt to progress w/flexibility and ROM interventions per protocol and will then be

progressed to AAROM/AROM to restore PLOF allowing pt to return to full ADLs w/o increased pain or restriction post-XX RCR. Plain: Frequency: XX times a week. Duration: XX weeks. Procedures: Therapeutic exercises, therapeutic activity, neuromuscular rehab, XX therapy, XX therapy, XX/XX, pt education, and XX-XX.

XX – XX Therapy Notes-XX XX, XX: Subjective: XX side. Specific physician orders: Yes: PROM ONLY s/p massive XX. Continue XX XX full-time. History of Present Condition/Mechanism of Injury: Pt notes XX XX XX of an XX XX. XX XX XX XX XX, tried to XX w/XX and pulled XX at work. Pt notes this happened on XX. Pt went to doctor on XX. XX went to orthopedist around a XX XX (late XX?). Pt notes XX got scheduled for surgery but blood work got messed up and XX had to wait an XX month. Surgery on XX to repair massive XX XX repair (pt notes XX went in XX extra places and placed XXx the normal anchors that XX normally places). Unknown additional procedures. Pt notes XX has been in XX for ~XX months now, just cleared to start PT for passive motion only. Pt notes R XX will be repaired (XX) as soon as XX is good from same injury. Current complaints/Gains: Pt reports trying to keep XX XX as loose as possible given the amount of restrictions XX is under due to XX surgical protocol. Assessment/Diagnosis: Increased resistance today with XX retractions and GHJ stabilization interventions. Pt fatigued rapidly today with expectations of increasing activity tolerance in the following sessions. Pec stretch implemented due to increased muscle tone secondary to being confined to XX XX. Manual therapy involved PROM GHJ mobs with pec major contract relax stretching to improve mobility. Current Status: XX: CK, at least 40% but <60% impaired, limited or restricted. Projected Goal Status: XX: CI, at least 1% but < 20% impaired, limited or restricted. Plan: PT: XX-XX times a week for XX weeks.

XX – Physician Notes-XX A. XX, XX: HPI: Pt is a XX year old XX. Note: The pt returns for evaluation after a XX XX XX decompression, XX XX resection, and attempted massive XX. The pt says that XX has missed some PT sessions, but is doing well. Yesterday was XX first day of doing AROM. Assessment: 1) XX pain, XX XX.XX/XX.XX); 2) XX impingement, XX XX.XX/XX.XX; 3) XX of XX XX XX.XX/XX.XX; 4) XX XX tear, XX XX.XX/XX.XX; 5) XX of XX XX joint XX.XX/XX.XX; 6) Orthopedic aftercare XX.XX/ XX.XX; Current plans: -Pt education: Instructions for the pt before and after surgery and How to XX health information online. Working diagnosis: XX XX arthroscopic XX decompression, XX XX resection, attempted repair of massive XX XX tear XX. The pt may now discontinue XX XX. XX. XX understands that there should be NO use of the XX until f/u eval. The pt understands that lifting and XX and use of the XX XX is prohibited as it could produce disruption of the soft tissue repair. The pt will continue formal PT. XX will return for f/u eval in XX weeks. A new PT order will be issued on the next office visit.

XX – XX Therapy Notes-XX XX, XX: Subjective: XX side. Specific physician orders: Yes: PROM ONLY s/p massive XX. Continue XX XX full-time. History of Present Condition/Mechanism of Injury: Pt notes XX XX XX of an XX XX. XX XX XX XX XX, tried to XX w/XX and pulled XX at work. Pt notes this happened on XX. Pt went to doctor on XX. XX went to orthopedist around a XX later (late XX?). Pt notes XX got scheduled for surgery but blood work got messed up and XX had to wait an extra XX. Surgery on XX to repair massive XX XX repair (pt notes XX went in XX extra places and placed XXx the normal anchors that XX normally places). Unknown additional procedures. Pt notes XX has been in XX for ~XX months now, just cleared to start PT for passive motion only. Pt notes R XX will be repaired (XX) as soon as XX is good from same injury. Current complaints/Gains: Pt denies pain just states soreness in XX and posterior XX region. Assessment/Diagnosis: Pt completed all therapeutic intervention well today with no increase in pain. Pt requires min VCs/TCs for proper body mechanics during TB exercises. Pt given HEP and TB to perform strengthening exercises at home. Manual therapy focused on STM to XX, XX and anterior XX to reduce muscle tone and improve mobility. Pt scored 37/80 on UEFI (previously 25/80). Pain scale of B:2 W:4 C:2. Pt biggest limiting factors include pushing up onto hands and lifting objects above XX. Pt continues to require therapy in which pt will be progressed as able to target functional mobility and strength. Plan: PT XX-XX times a week for XX weeks.

XX – XX Therapy Notes-XX XX, XX: Subjective: XX side. Specific physician orders: Yes: PROM ONLY s/p massive XX. Continue XX XX full-time. History of Present Condition/Mechanism of Injury: Pt notes XX XX XX of an XX XX. XX XX XX XX XX, tried to XX w/XX and pulled XX at work. Pt notes this happened on XX. Pt went to doctor on XX. XX went to orthopedist around a XX later (late XX?). Pt notes XX got scheduled for surgery but blood work got messed up and XX had to wait an extra XX. Surgery on XX to repair massive XX XX repair (pt notes XX went in XX extra places and placed XXx the normal XX that XX normally places). Unknown additional procedures. Pt notes XX has been in XX for ~XX months now, just cleared to start PT for passive motion only. Pt notes XX XX will be repaired (XX) as soon as XX is good from same injury. Current complaints/Gains: Pt reports pain and difficulty raising XX arm above XX XX. Pt says,

“It will go up if someone lifts it but once I get it there (referring to 90 degrees) it doesn’t want to move.” Pt reports a noticeable decrease in strength. Assessment: Pt has improve UEFS to 49/80 with most difficulty lifting objects overhead and with plyometric activities. Pt continues to lack 30 degrees of AROM and has significant strength deficits. Manual therapy performed to increase XX thoracic mobility to improve XX XX rhythm to promote increased flexion. Increased AROM noted post session and was measured at 110 AROM post ST mobs. Pt would benefit from continues PT to receive continued XX on therapy to improve ROM and improve strength to return to work. Plan: PT XX-XX times a week for XX weeks.

XX – Physician Notes-XX A. XX, XX: HPI: Pt is a XX year old XX. Note: Pt presents for post-op f/u evaluation. Time since surgery: XX months, XX week, XX days. Title of operation: XX XX arthroscopic XX decompression, XX XX resection and massive XX. The pt is doing well. XX is doing home exercise programs and performing light use. Denies fever, chills, wound drainage, numbness and tingling. XX complains of XX XX weakness and pain with overhead elevation of the hand. XX states that XX has a constant 2/10 pain level. Assessment: 1) XX pain, XX XX.XX/XX.XX); 2) XX impingement, XX XX.XX/XX.XX; 3) XX of XX XX XX.XX/XX.XX; 4) XX XX tear, XX XX.XX/XX.XX; 5) XX of XX XX joint XX.XX/XX.XX; 6) Orthopedic aftercare XX.XX/XX.XX; Current plans: -Pt education: Instructions for the pt before and after surgery and How to XX health information online. Working diagnosis: XX XX arthroscopic XX decompression, XX XX resection, attempted repair of massive XX XX tear XX. The pt elects XX XX operative treatment understanding the attendant risks. Understanding these risks of elective XX XX arthroscopic XX decompression, XX XX resection and RCR, the pt wishes to proceed with surgical intervention. Extensive perioperative XX was conducted today by both my medical staff and me, and all questions were invited and answered to the pt’s satisfaction. Our plan is to perform the operation over the upcoming weeks at a time that is convenient for the pt. Once XX has recovered from XX XX surgery, XX will be ready for an impairment rating and will be at maximal medical improvement.

XX – Physician Notes-XX A. XX, XX: HPI: Pt is a XX year old XX. Note: The pt returns for an eval of XX XX impingement and XX, RCR, XX joint XX after work-related injury. The pt underwent a massive XX RCR after the work-related injury. XX XX XX insurance denied XX XX XX RCR surgery stating that conservative treatment is required first. The pt mentions that XX had surgery on XX XX XX XX in XX and would like to have a removal of XX. Assessment: 1) XX pain, XX XX.XX/XX.XX); 2) XX impingement, XX XX.XX/XX.XX; 3) XX of XX XX XX.XX/XX.XX; 4) XX XX tear, XX XX.XX/XX.XX; 5) XX of XX XX joint XX.XX/XX.XX; 6) Orthopedic aftercare XX.XX/ XX.XX; 7) XX pain, XX XX.XX/XX.XX; 8) XX of XX XX joint XX.XX/XX.XX; 9) XX impingement, XX XX.XX/XX.XX; 10) Tear of XX XX XX, unspecified tear extent XX.XX/XX.XX. Current plans: -Pt education: XX XX injury-diagnosis and treatment and How to XX health information online. Working diagnosis: XX XX impingement and XX, RCR, XX joint XX after work related injury XX, XX XX arthroscopic XX decompression, XX XX resection, attempted repair of massive XX XX tear XX. The pt would like to proceed with a XX XX XX injection and PT at this time. My office will call the pt once we have obtained certification to proceed with the injection. The pt will initiate formal PT for should XX XX and XX muscle strengthening. The pt understands the importance of PT to manage the underlying disease process. A PT prescription was completed and provided to the pt today. The pt will return for f/u eval on XX or sooner if needed. XX has hardware in the XX XX from a work-related injury and would like to proceed with removal of hardware since it is becoming prominent.

XX – XX Therapy Addendum-XX XX: Diagnosis: ICD10:XX.XX: Unspecified XX XX tear or rupture of XX XX, not specified as traumatic, XX.XX: Pain in XX XX, XX.XX: Primary XX, XX XX, XX.XX: XX syndrome of XX XX, XX.XX: XX of XX XX. Treatment Diagnosis: ICD10:XX.XX: Unspecified XX XX tear or rupture of XX XX, not specified as traumatic, XX.XX: Pain in XX XX, XX.XX: Primary XX, XX XX, XX.XX: XX syndrome of XX XX, XX.XX: XX of XX XX, XX.XX: muscle weakness (generalized). History of Present Condition/Mechanism of Injury: Pt notes XX XX XX of an XX XX. XX XX XX XX XX, tried to XX w/XX and pulled XX at work. Pt notes this happened on XX. Pt went to doctor on XX and was diagnosed w/XX XX problems. Surgery on XX to repair massive XX XX XX repair. Pt had PT for XX XX and was hoping to have surgery on XX, but insurance is requiring PT on XX XX prior to surgical intervention. XX XX continues to require rehab, but XX will take precedence over the next few weeks. Primary Concern/Chief Complaint: Pain and weakness in XX XX. Assessment/Diagnosis: XX. XX is a XX year old XX who presents to PT with XX XX XX XX tear. Pt presents with decreased strength, decreased ROM, impaired soft tissue mobility and overall function secondary to pain and inflammation. Pt will benefit from skilled PT to address noted impairments for return to full ADLs including XX, XX and return to XX work activities. Plan: PT XX-XX times a week for XX weeks.

XX – Physician Notes-XX A. XX, XX: HPI: Pt is a XX year old XX. Note: The pt returns for eval of XX XX XX syndrome and XX, XX joint XX after work-related injury XX. XX XX arthroscopic XX decompression, XX XX resection and massive XX XX tear XX. The pt returns to proceed with a XX XX injection. XX is awaiting PT. My office has obtained certification to proceed with diagnostic/therapeutic injection through the insurance carrier. The pt denies XX, XX and XX pain, XX XX XX, XX-type symptoms and pain in the other XX. Assessment and Plan: Tear of XX XX XX, unspecified tear extent (XX.XX/XX.XX); XX of XX XX (XX.XX/XX.XX); XX impingement, XX (XX.XX/XX.XX); XX of XX XX joint (XX.XX/XX.XX); XX pain, XX (XX.XX/XX.XX). Current Plans: XX of major joint with ultrasound guidance; Injectable-XX XX XX; Started XX XX XX-XX tablets every XX-XX hours; Pt education: XX XX; How to XX health information online. Working diagnosis: XX XX XX syndrome and XX, XX XX tear, XX joint XX, history of XX XX arthroscopy XX, history of XX XX surgery. The pt returns to proceed with XX XX injection. I discussed the risks of a diagnostic and therapeutic steroid injection. The pt provided written consent to proceed. The pt tolerated the XX XX space XX XX XX injection as well. A prescription for Ultram XX #XX was issued today in the event the pt experiences pain. XX will fill it only if needed. The pt will return for f/u eval on XX or sooner if needed.

XX – Physician Notes-XX A. XX, XX: HPI: The pt is a XX year old XX. Note: The pt returns for eval of XX XX XX and XX, XX XX tear, XX joint XX. The pt presents after XX injection. Site of injection: XX XX XX space. Date of Injection: XX. Pain relief after injection: some relief. The pt has persistent symptoms in the XX XX. The pt says that XX XX XX is still painful following the arthroscopic XX decompression, XX XX resection on XX. Assessment and Plan: XX pain, XX XX.XX/XX.XX; XX XX tear, XX XX.XX/XX.XX; XX of XX XX XX.XX/XX.XX; XX impingement, XX XX.XX/XX.XX; XX pain, XX XX.XX/XX.XX; XX of XX XX XX.XX/XX.XX; XX of XX XX joint XX.XX/XX.XX; XX of XX XX joint XX.XX/XX.XX; XX XX tear, XX XX.XX/XX.XX. Current Plans: Pt education: Instructions for the Patient Before and After Surgery: pre-op; How to XX health information online. Working diagnosis: XX XX impingement and XX, XX joint XX, XX XX tear after work-related injury, history of XX XX arthroscopy XX. The pt has persistent XX XX symptoms despite non-operative treatment and would like to proceed with further evaluation and treatment of the underlying problem. XX elects XX XX surgery. Understanding the risks of elective operative intervention, the pt wishes to proceed with surgical intervention. Extensive perioperative counseling was conducted today by both my medical staff and me, and all questions were invited and answered to the pt's satisfaction. Our plan is to perform the operation over the upcoming weeks at a time that is convenient for the pt.

XX – URA Determination-XX XX, XX: Notification of Adverse Determination: Requested Services: Elective XX XX Arthroscopy XX Decompression, XX XX Resection and XX XX Repair XX, XX, XX and XX XX XX XX XX XX XX; Request Received Date: XX. XX XX and the XX, TX network, has contracted with XX for the provision of services through a network for the work related injury of XX XX. On behalf of XX XX and the XX, TX network a physician advisor review has been completed by XX. Review Summary: Date of Injury: XX. Issue(s) to be analyzed: Is elective XX XX arthroscopic XX decompression, XX XX resection and XX XX repair, XX XX XX XX XX XX medically necessary? Nurse Clinical Summary: Medical History: Pt is s/p XX XX arthroscopic XX decompression, XX XX resection on XX. XX now complains of XX XX weakness and pain with overhead elevation of the XX. X-rays XX XX done XX showed XX joint XX. MRI done XX showed severe XX XX, moderate XX XX and mild XX XX, XX XX noted about the anterior superior aspect of the XX, small tear of the superior XX is suggested adjacent to the XX XX, possibly mildly involving the XX XX, mild XX XX at the XX groove, moderate XX joint XX. XX exam reveals XX XX joint tenderness. XX weak to manual testing. Neer and Hawkins maneuvers are positive. XX, XX year old XX complains of XX XX pain and weakness. XX had XX XX XX space injection on XX and it gave some relief. Exam of XX XX shows XX ROM decreased Positive Neer and Hawkins maneuvers, pain in XX with resisted muscle testing. Pt has had PT eval exam date of XX. Clinical note: does not show any other PT visits and/or progress from PT. Previous request for Elective XX XX Arthroscopy XX Decompression, XX XX Resection and XX XX Repair XX, XX, XX and XX XX XX XX XX XX XX was denied on XX. Date of Injury: XX. Diagnosis: XX.XX, XX.XX, XX.XX, XX.XX. Primary reason for determination: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request in non-certified. Based on the fact that no new documentation addressing the prior concerns of the claimant not having had supervised therapy or injections for XX XX XX pain, the previous non-certification is upheld.

XX – URA Re-Determination-XX XX, XX: Notification of Reconsideration Adverse Determination: The reconsideration of our medical determination regarding treatment ordered on behalf of XX XX was received on XX. The reconsideration was referred to a Texas Licensed Utilization Review Physician for XX, who was not involved in the

original review determination. After careful review of all available information, our Review Physician has determined that the proposed treatment does not meet medical necessity guidelines. We are unable to recommend the proposed treatment based on the following: Requested Service Description: Appeal Elective XX XX Arthroscopy XX Decompression, XX XX Resection and XX XX Repair XX, XX, XX and Appeal XX XX XX XX XX XX XX; Determination: Non-certified. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The subjective and objective findings presented were still limited to fully meet the criteria and support the need for surgical intervention as there was no documentation of pain with active XX motion between 90-130 degrees and temporary relief of pain with anesthetic injection. Given the age of the injury, conservative care which is recommended at least XX XX was still not established as well as significant functional impairment persisting at least XX XX. With regards to XX XX resection, although it was noted that XX had XX joint tenderness, objective evidence to validate at least XX weeks of care directed toward symptom relief prior to surgery was still not established prior to considering surgical intervention. For RCR, although it was noted that XX had persistent symptoms in the XX XX; positive Neer and Hawkins maneuvers; XX joint was tender, the subjective and objective findings presented were still limited to fully meet the criteria and support the need for surgical intervention as there was no documentation of pain with active XX motion between 90-130 degrees, weak or absent abduction, mild atrophy of XX musculature, and temporary relief of pain with anesthetic injection. In addition, objective evidence to validate conservative care for XX to XX months was still not established prior to considering surgical intervention. Furthermore, pertinent extenuating circumstances that would require a deviation from the guideline were still not noted as well. As the medical necessity of the requested surgery was not established, the requests for XX XX XX XX XX XX is also thereby not supported.

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

The request for XX XX arthroscopy with XX decompression (XX), XX XX XX (XX), and XX XX repair (XX) is approved, in part.

This patient injured XX XX at work in XX XX. The XX XX MRI of XX XX demonstrated XX XX XX without evidence of XX XX tear. A small tear in the superior XX was present. Moderate XX was identified at the XX (XX) joint.

XX underwent surgery on the XX XX to repair of a massive XX XX tear in XX XX.

The patient continued to have XX XX pain in XX XX. XX received a XX injection to the XX XX. XX underwent a XX therapy evaluation for the XX XX on XX. XX was noted to have limited active motion of the XX XX and pain over the XX joint. In the XX office visit, the patient reported some pain relief from the XX injection. XX still had limited XX motion and positive XX signs. The treating physician recommended XX XX arthroscopy with XX decompression, XX XX XX and XX XX repair.

The Official Disability Guidelines (ODG) supports XX arthroscopy with XX decompression for XX syndrome, following a course of conservative care. Conservative care includes three consecutive months of XX therapy or six months of intermittent treatment.

Conservative care was initiated for this patient's XX XX in XX XX. This included XX therapy and a XX injection. If the patient remains symptomatic at the end of the XX consecutive months of conservative care, XX surgery would be appropriate. The recommendations for XX decompression and XX XX XX are reasonable. The decision to repair the XX XX would be based on intra-operative findings.

The requested surgery would be medically necessary, based on documented failure of XX months of conservative care.

ODG Criteria

Surgery for impingement syndrome:

XX

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE 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, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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 A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)