Applied Independent Review

An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Outpatient XX revision XX arthroscopy with XX, XX XX excision, extensive debridement, loose body removal, anterior and posterior XX repair, XX, XX XX, possible XX, possible XX XX repair, and possible mclaughlin's procedure and post op abduction DME

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)

Patient Clinical History (Summary)

XX. XX XX is a XX-year-old, XX-XX-dominant XX who was injured on XX while employed for XX XX-XX XX as a XX XX. XX was on the XX XX in the XX and was XX by a XX XX, sustaining injuries to the XX XX and XX XX. XX was diagnosed with XX to XX XX, dislocation of XX XX joint, reverse XX-XX XX, strain of the XX XX / XX XX, tear of XX XX XX, XX XX tear, XX XX of the XX joint, XX XX disc XX, and abrasion of the XX XX. XX. XX had a history of recurrent dislocations of the XX XX, which was treated with soft tissue reconstruction XX repair, XX repair XX years prior. XX had no episodes of dislocation following that reconstruction, until the time of the injury on XX.

On XX, XX. XX presented to XX XX, XX for recheck of XX XX XX pain. The pain was sharp, stabbing, and mild to-moderate in nature, aggravated by movement. Associated features included muscle weakness, decreased range of motion, and difficulty with lifting. XX. XX's surgery was denied a XX time, and XX presented to see XX. XX to discuss further steps. On XX examination, the XX-XX XX test, XX test, XX XX differentiation test, and XX XX tests were all positive on the XX. The XX crossover adduction test., XX load test, XX test, XX test, XX test, XX test, XX test, XX test, and X test were positive as well. XX. XX was diagnosed with tear of the XX XX XX and dislocation of the XX XX joint and prescribed XX. XX. XX had activity limiting XX pain and instability, which had not improved with conservative treatment including medications and XX therapy. Surgical intervention was therefore recommended.
On XX, XX. XX was seen in a in an office visit by XX. XX. XX reported muscle pain and swelling as abnormal symptoms related to the complaint. Examination revealed limited range of motion in all planes. There was tenderness over the XX XX muscles, posterior XX XX and XX (XX) joint. XX. XX prescribed XX-XX and allowed XX. XX to return to duty with restrictions. An MRA of the XX XX was ordered, and XX. XX was referred to orthopedic surgery.

MRI of the XX XX dated XX showed XX of chronic recurrent XX instability inclusive of a chronic relatively broad and shallow XX cm XX XX and deeper XX cm reverse XX lesion at the site of the previously seen acute impacted fracture, which had healed. XX anchors were in place at the XX XX from prior XX repair. Attenuation of the anterior XX appeared primarily as a XX diminutive remnant. There was interval XX remodeling of the posterior XX at the site of the previously seen reverse XX injury, which appeared attritional but intact. Fraying and XX of the superior XX was noted. There was moderate- to high-grade XX XX involving the anterior XX, more so inferiorly, and also the XX margin of the XX XX noted. There was a XX and XX appearance of the joint capsule suggesting XX of chronic insufficiency as well as chronic broad posterior XX XX stripping. A complete diagnostic ultrasound of the XX was performed on XX. The XX XX was visualized using real-time visualization. The XX had a partial-thickness tear involving 50% of the tendon thickness along the anterior leading edge with no evidence of retraction. The XX, XX, and XX minor were intact. The XX tendon had fluid surrounding it, consistent with XX. The XX structures are unremarkable. A CT arthrogram of the XX XX dated XX identified XX posterior XX

tear, anterior XX-XX XX status post posterior dislocation, prior anterior XX repair with two anchors, XX XX, low-grade partial XX XX tear, type XX XX, and XX joint XX.

Treatment to date included medications, steroid injection therapy, and XX therapy without much relief.

Per Prospective \ Concurrent Review Determination dated XX, XX denied the request for outpatient XX revision XX arthroscopy with XX, XX XX excision, extensive debridement, loose body removal, anterior and posterior XX repair, XX, XX XX, possible XX, possible XX XX repair, and possible XX procedure and postoperative abduction durable medical equipment (DME) to include CPT codes XX, XX, XX, XX, XX, XX, XX, XX, and XX. Rationale: “The MRI shows an impaction fracture of the XX head. There is no mention of a XX tear. The CT scan does not note evidence of substantial recurrent XX tearing. Surgical treatment would be supported for type II or IV superior XX tears. This was not clearly documented in the records. Evidence of XX pathology was also not noted. A XX XX XX tear was not demonstrated. The case was discussed with XX XX, XX, who stated that authorization had been given to do the peer-to-peer call on behalf of XX. XX. No additional clinical information was given. Since the requested procedure is not indicated, this obviates the need for postoperative durable medical equipment. The request for a XX XX revision arthroplasty, XX, XX XX excision, extensive debridement, loose body removal, anterior and posterior XX repair, XX, XX XX, possible XX, possible XX XX repair, possible XXs procedure, and post-operative abduction durable medical equipment XX, XX, XX, XX, XX, XX, XX, XX, XX is not certified.”

On XX, a reconsideration prospective review determination was completed by XX. XX denied the request for outpatient XX revision XX arthroscopy with XX, XX XX excision, extensive debridement, loose body removal, anterior and posterior XX repair, XX, XX XX, possible XX, possible XX XX repair, and possible XX's procedure and postoperative abduction DME to include CPT codes XX, XX, XX, XX, XX, XX, XX, XX, and XX. Rationale: “This request was previously non-certified by XX. XX on XX, as there was no evidence of substantial recurrent XX tearing, XX pathology or XX XX tear demonstrated on diagnostic Imaging. No additional documentation was provided to support the request. The previous non-certification is supported. According to the guidelines, there must be evidence of a XX XX tear on diagnostic imaging, evidence of a XX tear on diagnostic imaging, and evidence of XX pathology on diagnostic Imaging to warrant the requested surgical procedures, which was not noted on the diagnostic imaging provided for review. Therefore, the claimant has not met the requirements by the guidelines on diagnostic imaging to warrant the requested surgical procedure. Since the requested procedure is not indicated this obviates the need for use of a post-operative XX. The request for outpatient XX XX revision arthroscopy with XX, XX XX excision, extensive debridement, loose body removal, anterior and posterior XX repair, XX, XX XX, possible XX, possible XX XX repair, possible XX's procedure and post op XX to include CPT CODES XX, XX, XX, XX, XX, XX, XX, XX, XX is not certified.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The documentation available indicates persistent recurrent XX instability with evidence of the XX-XX and reverse XX-XX XX. While the XX previous reviews were correct that there was no evidence of XX XX tearing to support the proposed XX XX repair, there is other significant intra-articular XX that would require operative intervention. Partial certification of several the codes would be indicated. Please see the discussion below regarding each individual code.

-Certification would be advised for the following codes: XX, XX, XX, XX, XX, XX, XX -Noncertification be advised for the following codes: XX, XX

XX - Arthroscopy of XX, surgical with decompression of XX space

The records available indicate persistent XX pain with evidence of positive XX testing on examination. The ODG would support progression to arthroscopic intervention for XX decompression after failure of at least XX months of conservative measures. While XX months of conservative treatment has not been tried and failed, the injured worker does qualify for other arthroscopic procedures including the potential XX. As such, concurrently performed a XX decompression would be reasonable and appropriate. Certification for this code is advised. XX - Arthroscopy of XX, surgical with XX procedure

The ODG supports the utilization of this XX resection is an option when there is persistent pain at the XX joint. The records available indicate persistent, XX joint pain which is failed to respond to prior conservative modalities. XX joint resection would be reasonable. Certification for this code is advised.

XX - Arthroscopy of XX, surgical with extensive debridement

There is no indication as to why extensive debridement would be necessary particularly noting that the other codes have been authorized. This would appear to represent unbundling. Noncertification of this code is advised.

XX - Arthroscopy of XX, surgical with removal of foreign body

The ODG does not support routine XX XX. However, there are XX retained XX XX from prior XX repair. Removal of the syncopal likely be required for any revision repair. As such, this code would be supported.

XX - Arthroscopy of XX, surgical with repair of slap lesion

While the previous reviews are correct that there was no evidence of a SLAP lesion, there is evidence of persistent XX tearing including XX tearing which would contribute to the multidirectional instability. This code is typically utilized for any XX repair and when noting multidirectional instability, would be considered medically necessary and supported by the ODG. Certification is advised.

XX - Arthroscopy of XX, surgical with disintegration of lesions

The ODG supports the utilization of arthroscopic XX of XX as an option for management of XX XX which is failed conservative treatment. The records available do not appear to reflect evidence of adhesive XX on examination to support the requested arthroscopic XX of XX. Noncertification of this code is advised.

XX – Description not available
This code would appear to be for the proposed XX procedure. Given the XX-XX and reverse XX-XX XX, persistent instability, and engagement of the XX on exam, XX would be indicated for this individual. Certification for this procedure would be advised based on XX clinical literature.

XX - Arthroscopy, XX, surgical; with XX XX repair

The proposed XX XX repair would be considered medically necessary. There is a partial-thickness tear that is greater than 50% of the XX. Of note, this was not document on MRI, but was present ultrasound which would be considered an acceptable imaging modality for this particular case. Given the partial-thickness tear and persistent symptomology despite prior conservative modalities as well as the multidirectional XX instability, XX XX repair would be considered medically necessary. XX - XX; XX; and artificial XX, XX, and XX are covered when furnished incident to a physician’s services or on a physician’s order

The ODG supports the utilization XX following operative intervention the XX. When noting that portions of the operative procedure medically necessary, the requested XX would also be considered medically necessary.

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

XX - Arthroscopy of XX, surgical with decompression of XX space--Is medically necessary XX - Arthroscopy of XX, surgical with XX procedure--Is medically necessary
XX - Arthroscopy of XX, surgical with removal of foreign body--Is medically necessary XX - Arthroscopy of XX, surgical with repair of slap lesion--Is medically necessary XX – Description not available--Is medically necessary
XX - Arthroscopy, XX, surgical; with XX XX repair--Is medically necessary
XX - XX; XX; and artificial XX, XX, and XX are covered when furnished incident to a physician’s services or on a physician’s order--Is medically necessary

XX - Arthroscopy of XX, surgical with extensive debridement--Is NOT medically necessary XX - Arthroscopy of XX, surgical with disintegration of lesions--Is NOT medically necessary

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic XX
- ☐ XX Pain Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☑ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

  XX