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Date notice sent to all parties: 04/15/19

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX XX revision arthroscopy with XX, XX XX XX, extensive debridement, XX release, XX, XX XX removal, revision XX XX repair, XX XX, and possible XX XX augmentation with a 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
Diplomate of the American Board of Orthopedic Surgery
Fellow of the American Academy of Orthopedic Surgeons
Fellow of the American Association of Orthopedic Surgeons

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)

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

XX XX revision arthroscopy with XX, XX XX XX, extensive debridement, XX release, XX, XX XX removal, revision XX XX repair, XX XX, and possible XX XX augmentation with a XX XX XX – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

XX. XX saw the patient on XX and on XX. It was noted the MRI showed a full thickness XX of the XX with a XX mm of retraction, a partial XX of the XX, and moderate XX XX. XX was also a XX XX per day XX and had been for over XX years. XX also had XX XX and XX XX. The risks and benefits of surgery were discussed at that time and on XX, the patient underwent XX XX arthroscopy with XX XX repair, XX decompression, extensive debridement of the superior, inferior, and anterior XX, extensive XX of the XX joint, removal of intrarticular XX XX greater than XX mm, extensive debridement of partially torn XX, and XX augmentation. As of XX, XX was XX weeks status post surgery and XX would begin therapy in XX weeks. The patient was evaluated in therapy from XX through XX. On XX, XX XX, XX. examined the patient. XX was doing great and had improvement. XX would return in XX weeks and would likely be ready for MMI and IR versus MRI arthrogram. On XX, the patient was reevaluated in therapy on XX and there was little to no change since XX. XX would finish XX authorized therapy and perform an FCE to determine further treatment. The patient then underwent the FCE on XX and was functioning in the medium PDL and it was felt XX effort was consistent and valid. XX. XX noted on XX, the patient had significant XX pain concerning for XX XX re-XX. A XX XX MRI arthrogram on XX revealed an irregular full thickness re-XX of the XX XX insertion extending for XX mm in AP dimension with XX mm of retraction, as well as moderate XX of the XX. There was complex XX XX noted involving the anterior inferior aspect of the XX. There was grade III and X grade IV XX of the inferior aspect of the XX. There was also moderate XX involving the intrarticular portion of the long head of the XX tendon. On XX, XX. XX noted the patient had not improved with therapy, medications, and a XX injection and therefore, revision surgery was recommended. On XX, XX provided an adverse determination for the requested XX XX surgery. On XX, the patient followed-up with XX. XX. XX. XX noted XX did not think the patient would improve without surgery and the risks and benefits were again discussed. On XX, XX provided another adverse determination for the requested XX XX surgery.

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

The patient is a XX-year-old XX who was reported to have sustained a work-related injury to XX XX XX. The patient has subsequently undergone an arthroscopic XX XX repair as noted on XX by XX. XX. Postoperatively, the patient was reported to be doing well, as documented by XX. XX on XX, who reported XX as doing great. MR arthrogram performed on XX noted an irregular full thickness re-XX of the XX, approximately XX mm x XX mm, moderate XX XX, moderate XX joint arthropathy with inferior XX formation, long XX of XX moderate XX, and Grade III and Grade IV XX of the inferior aspect of the XX. XX. XX noted on XX that the patient was a XX and heavy

XX. XX reported on that date that the patient needed to XX XX. The requested procedure was non-certified on XX by XX, XX. XX non-certification was upheld on reconsideration/appeal on XX. Both reviewers noted the lack of medical documentation regarding the patient having significant functional deficits and basing their opinions on the evidence based Official Disability Guidelines (ODG) criteria.

XX. Therefore, the requested XX XX revision arthroscopy with XX, XX XX resection, extensive debridement, XX release, XX, XX XX removal, revision XX XX repair, XX XX, and possible XX XX augmentation and a XX XX XX are not appropriate, medically necessary, or supported by the evidence based ODG and the previous adverse determinations should be upheld at this time.

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)