



MEDICAL EVALUATORS OF TEXAS ASO, LLC.

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

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a XX-year-old XX who was injured on XX/XX/XX when XX XX over a XX while going XX and landed on XX XX XX . The claimant had MRI of the XX joint performed by XX, MD on XX revealed “a XX with severe retraction, moderate XX and contiguous XX fluid, nonvisualized long head of XX tendon with extensive superior XX fraying and moderate XX

Progress Note by XX , MD dated XX documented the claimant injured XX XX required inpatient hospitalization after XX XX due to several XXXX . The claimant was there for evaluation treatment of XX XX Objective findings on examination by Dr. XX included: no deformity of the XX XX ; 90° of forward XX ° of abduction with progressive pain; internal rotation to the greater XX with pain; and positive XX both in forward flexion and abduction. The x-ray of the XX showed a type II XX with changes at the XX XX . The claimant was diagnosed with other specific XX , not elsewhere classified, XX and unspecified rotator XX , not specified as traumatic. Dr. XX recommended the surgical procedure of XX evaluation of the XX with XX , decompression, and other related procedures as the next treatment option.

Prior denial letter from XX Corporation dated XX denied the request for coverage of XX XX repair, decompression of XX I space with partial XX, with XX ligament release, distal XX due to “The claimant reported XX pain. Exam of the XX revealed forward flexion 90 degrees, abduction 60 degrees and internal rotation to the greater trochanter with pain. Positive XX both in forward flexion and abduction is noted. However, there are no diagnostic studies to support the request. The MRI provided is illegible. Therefore, medical necessity has not been established at this time.”

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

The claimant is a XX-year-old XX who sustained injury on XX/X/XX when XX XX and XXI on XX XX and was diagnosed with XX or rupture and XX . The request is for coverage of XXXX, decompression of XX with partial XX , with XX release, distal XX .

According to the Official Disability Guidelines (ODG), the indications for XX surgery requires a moderate to large full-thickness XX by imaging evidence and clinical findings of XX. The medical records submitted revealed the claimant has evidence of post injury XX pain and weakness and MRI of XX revealed a massive XX with physical exam findings consistent with this diagnosis. Thus, the proposed surgery of XX XX repair is supported by the imaging studies. However, the ODG indications for XX and XX include symptoms of XX and XX (AC) joint XX which have been refractory of conservative treatments. There is no clinical documentation to support the distal XX excision. There is no documentation that indicates symptomatic AC joint pathology. Furthermore, the current ODG recommendations do not support a routine decompression/XX ligament release in



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combination with XX . A randomized controlled trial (RCT) showed that full-thickness XX outcomes were the same at XX years with or without XX, with subacromial decompression (SAD) failing to improve outcomes. Thus, the requested XX XX procedure is partially overturned.

Therefore, based on the ODG recommendation and criteria as well as the clinical documentation stated above, the request XX surgery is medically necessary, but the request for XX with partial XX, with XX, and distal XX is not medically necessary and appropriate.

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

Official Disability Guidelines (ODG) – Online Version

XX – (updated 4/16/2019)

ODG Indications for Surgery™ -- Rotator cuff repair:

XX

[kg/hp]

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.