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## **Notice of Independent Review Decision**

### **IRO Reviewer Report**

X

**IRO Case #: X**

**Service Requested X.**

**Reviewer Qualifications: X.**

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

Overtured.

**Information Provided to IRO for Review:**

X

**Patient Clinical History (Summary):**

This is a X with a diagnosis of X strain of other muscles, fascia, and tendons at shoulder and upper arm level, left arm, subsequent encounter. The request for the coverage of X.

The request was previously denied stating that based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Based on the medical records available for review, there is no clear documentation of the X. There are X progress notes available to do a comparative analysis of measurable objective findings and thereby validate the efficacy of treatment. There are X identified to support the medical necessity of the current request. Hence, the appeal request for X is not certified.

### **Rationale:**

Left shoulder magnetic resonance imaging (MRI) on X revealed a X. On X, the member presented to X, MD, for left shoulder pain. X attended X. Physical exam revealed forward flexion X. X abduction is X hikes X shoulder up X is tight about X internal rotation to X back pocket. Positive. Weakness on supraspinatus. Weakness on subscapularis liftoff. Weakness on infraspinatus.

Tenderness over the biceps tendon. Positive Speeds and Yergason sign. Recommended for X.

The member was diagnosed with a left shoulder full-thickness rotator cuff tear of the supraspinatus tendon-traumatic, partial subscapularis intra-articular tearing, biceps tenosynovitis, left shoulder impingement, and left shoulder adhesive capsulitis. Based on the documentation provided, the member presented with left shoulder pain. The member attended X. Physical exam revealed forward flexion X. X abduction is X hikes the member's shoulder up. The member is tight at about X internal rotation to the member's back pocket. Positive X were present upon physical exam. Weakness on supraspinatus, weakness on the subscapularis liftoff, and weakness on infraspinatus were noted. Tenderness over the biceps tendon, positive X sign were noted upon exam. Guideline criteria support X since the member has evidence of a full-thickness rotator cuff tear that will not heal on its own. X is supported due to the rotator cuff tear and positive impingement signs. X is supported with surgery, as there are noted low-grade tearing and delamination of the subscapularis tendon. X is supported since the member has evidence of a X. The member has attended X.

Therefore, the medical records do establish that the services performed were medically necessary according to generally accepted standards of care.

**Criteria / Guidelines Used:**

**ODG- OFFICIAL DISABILITY GUIDELINES &  
TREATMENT GUIDELINES**