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***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date: X**

**IRO CASE #: X**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X**

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X**

**REVIEW OUTCOME:**

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

- Overturned      Disagree
- Partially Overturned      Agree in part/Disagree in part
- Upheld      Agree

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X stated X. The next morning, X noticed X right shoulder was hurting, and X had difficulty raising X right arm. The diagnoses were sprain of right rotator cuff capsule, initial encounter (X); impingement syndrome of right shoulder (X); chondromalacia, right shoulder (X); and bicipital tendinitis, right shoulder (X).

On X, X was seen by X, PA, for follow-up evaluation for chief complaint of right shoulder pain. X had no pain at resting but with motion, the pain rose to X. X stated that only one direction of movement hurt X shoulder, not all movement. X stated that overall, the symptoms had decreased. The ongoing pain was rated X. The range of motion was increased. X had a history of X. On examination, weight was 265 pounds and body mass index (BMI) was 35.9 kg/m<sup>2</sup>. Right shoulder examination revealed X. The range of motion revealed increased X. External rotation remained the same. Muscle testing was suggestive of X. The right shoulder x-rays dated X were X. The assessment was other specific X. X was advised to continue X. X was referred to X due to abnormal MRI results. Per a Texas Workers' Compensation Work Status Report, X was allowed to return to work as of X with restrictions that included light duty, no overhead reach, and no ladders. X may not lift/carry objects more than X pounds for more than X hours per day. On X, X was evaluated by X, MD, for the chief complaint of right shoulder pain. X presented with a history of a X in X. X presented with a X month history of right shoulder pain and discomfort. X reported X was at work on X, when X was getting up into a X. X shifted X weight and had an abnormal pull with X arm. X felt a burning sensation in X right shoulder. X denied feeling a pop or click at that time. X did not have immediate significant pain or discomfort in the shoulder, but later that

night, X began noticing increasing pain and decreased range of motion. The following morning, X was in severe pain with X right shoulder and arm. X stated that any kind of outward reaching or overhead lifting created pain or discomfort. While X could move X arm above X head, X could not do so with any kind of resistance or weight. X would occasionally have popping and clicking in the shoulder. X did feel fairly significant weakness in the arm. X denied any radiating pain down X arm past X elbow. X was seen at X for X right shoulder pain. X was sent to formal X, and X completed about a month of X. X stated X felt X better after therapy, but still had weakness and pain in the shoulder. X reported that prior to X injury, X was doing well. X underwent X after X and stated that X was doing well with good strength in X shoulder prior to the injury. X had not needed to be seen for the right shoulder. X had been given light duty restrictions, but X reported that X job did not have light duties. X had history of a X presented with a X month history of right shoulder pain, dysfunction, and weakness after a pulling injury X sustained at work. Right shoulder examination revealed X. X was noted. Range of motion (ROM) testing revealed X. There was X. The strength was X supraspinatus, X infraspinatus, and X subscapularis. Neer's sign, Hawkins test, Jobe's test, Yergason's test and Speeds test were X. Bear Hugger was X. Sensation was normal to light touch through the extremity. X-rays of the right shoulder were normal without acute osseous abnormalities. There were chronic changes noted to the greater tuberosity. Moderate to severe X was noted. There was narrowing of the X. The assessment was X. X noted that X did demonstrate a X. Clinically, X was weak in the X on examination. There were signs on X MRI which indicated this was likely an X. This included significant X. However, there were some chronic features which included muscle atrophy; however, this muscle atrophy could have been present from X initial surgery over X years ago. X did demonstrate signs of a X. All of these above findings could be chronic in nature from X .

The X. The pulling motion at the time of the injury placed the shoulder in the correct position for impingement, creating re-rupture. X discussed that X. X would have limitations with weakness and possibly range of motion. Without a X, X would go on to having more significant arthritis in the shoulder. The treatment plan was to proceed with X. Due to the size of the X. X may need selective releases of the X. During the X. If any associated problems were found, they would be addressed, such as a X.

An MRI of the right shoulder dated X revealed X. There was severe X. There was an X. X was noted of the X, with X. There was extensive / X. X was noted of the X. X. X was noted.

Treatment to date included medications, X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Principal Reason(s) for the Determination: "X. 2. X. 3. X." Rationale for denial: 1X: "ODG states that X. Revision of X needed due to disabling pain and loss of function in affected arm, and patient (and shoulder tissue) judged to be good candidate for X. In this case, review of documented exam and imaging findings does not demonstrate evidence of symptomatic pathology in at least one discrete structure to support a limited debridement in addition to the surgical procedures which would have been supported if agreement to modify was reached. As such, the request for X is not medically necessary. 2. X. An assistant surgeon actively assists the physician in performing a surgical procedure. Assistant surgeons submit the identical procedure code(s) as the primary surgeon, with the appropriate modifier (X). In this case, given the non-approval of CPT code: X is not medically necessary. 3. X. Revision

of X needed due to disabling pain and loss of function in affected arm, and patient (and shoulder tissue) judged to be good candidate for X. Guidelines that X is not recommended as a first-line treatment option; evidence shows inconclusive benefit, lack of benefit, or potential harm. In this case, the claimant reports right shoulder pain worst when lifting, reaching above the shoulder level, activity and laying on the affected side. The exam shows X. The MRI shows a X. The claimant has tried X. Considering the ongoing pain in right shoulder, findings on exam, imaging evidence of full thickness rotator cuff tendon tear, and attempted conservative care, for the request for X. The request for X is not medically necessary as evidence-based guidelines do not recommend X. As agreement to modify the overall request was not achieved, request for X is not medically necessary. 4. X is recommended as an option in more complex surgeries. An assistant surgeon actively assists the physician in performing a surgical procedure. Assistant surgeons submit the identical procedure code(s) as the primary surgeon, with the appropriate modifier (X). In this case, an X would have been supported to ensure safety and X. However, there was no agreement to the proposed modification of the overall submitted request. Therefore, the request for X is not medically necessary. 5. X. Most X are temporary and will subside, followed by long periods of remission. Subjective clinical findings to include recalcitrant pain with marked functional limitation. Objective clinical findings to include X. In this case, t the documentation does not support that this claimant underwent a X. In addition, there is no documentation of X. Therefore, as guideline criteria are not met, this request is not medically necessary. 6. X. An assistant surgeon actively

assists the physician in performing a surgical procedure. Assistant surgeons submit the identical procedure code(s) as the primary surgeon, with the appropriate modifier (X). In this case, given the non-approval of X is not medically necessary. 7. X. In this case, the claimant reports right shoulder pain worst when lifting, reaching above the shoulder level, activity and laying on the affected side. The exam shows reduced strength and X Neer's sign, Hawkin's test. The x-ray shows X. Given the ongoing pain in the right shoulder, signs of impingement on exam, attempted X. There was no opportunity for peer agreement to modify the overall request. Therefore, the request for X is not medically necessary. 8. X. An assistant surgeon actively assists the physician in performing a surgical procedure. Assistant surgeons submit the identical procedure code(s) as the primary surgeon, with the appropriate modifier (X). In this case, given that X would have been supported, the request for X. There was no opportunity for peer agreement to modify the overall request. Therefore, the requested X is not medically necessary. 9. X. Revision of X needed due to disabling pain and loss of function in affected arm, and patient (and shoulder tissue) judged to be good candidate for X. In this case, the use of X is supported for shoulder procedures. The quantity is dictated by the intra-operative findings and extent of the procedure performed. Given the planned procedure, up to X would have been supported to complete the X. If additional X are required beyond this, evidence that additional X were required would need to be documented. There was no opportunity for peer agreement to modify the overall request. Therefore, there request for X is not medically necessary."

Per a peer-to-peer response dated X for denial of initial surgery request, Dr. X wrote, "I reviewed the denial letter and have multiple issues with denial of certain of these codes. Understand that the Xcode was rejected

as there was not discernible pathology that would be debrided; however, this will be a X. I do expect that the patient X. Secondly, the X. However, the X. In this patient's case I do expect a X. The inferior spurring does appear to be X. Because of this a X is likely to benefit the patient to prevent X. Finally, CPT code X was denied because of a X. CPT code X. In my dictation there is no discussion of X. In fact, if this is a revision case it is best that the X is left intact. Currently the patient cannot work because X has a X. X will not help with this patient. X requires an X. In this case I would be X.”

Per a reconsideration review adverse determination letter dated X by X, MD, the request for X was denied. Principal Reason(s) for the Determination: “There was no opportunity for discussion to obtain agreement to modify the request. 1. X. 2. X.” Rationale for denial: “X. Revision of X needed due to disabling pain and loss of function in affected arm, and patient (and shoulder tissue) judged to be good candidate for X. Guidelines that X is not recommended as a first-line treatment option; evidence shows inconclusive benefit, lack of benefit, or potential harm. In this case, the claimant is status X. The claimant reports having right shoulder pain and significant weakness. Record note that the claimant has tried X. Exam notes X supraspinatus, X infraspinatus, and X subscapularis strength, and positive impingement signs. MRI shows complete X. The request for X is supported to address the claimant’s pain and X. The current evidence-based guidelines do not recommend the use of X due to lack of proven efficacy. The requested X are not medically necessary. There was no opportunity for discussion to obtain agreement to modify the request. Thus, the requested X is not medically necessary. 2. X. ODG notes that an X is recommended as an option in more complex surgeries. An X actively assists the physician in performing a surgical procedure. X submit the identical procedure code(s) as the primary surgeon, with the appropriate

modifier (X). In this case, the performance of X. Thus, an X. Without discussion, no agreement to modify has been obtained. Therefore, the request for X is not medically necessary. 3. X. ODG states that X is recommended as X. ODG indications for X include conservative care that is recommended for at least X months, including X. Most X. Subjective clinical findings to include recalcitrant pain with marked functional limitation. Objective clinical findings to include tenderness over X. In this case, there is no objective evidence of X. Furthermore, this is not allowed with X. Thus X is not medically necessary. 4. X. ODG notes that an X is recommended as an option in more complex surgeries. An X actively assists the physician in performing a surgical procedure. X submit the identical procedure code(s) as the primary surgeon, with the appropriate modifier (X). In this case, the performance of X is not medically necessary. Thus, THE REQUEST FOR X is not supported. X is not medically necessary. 5. X. ODG states that surgery for X. In this case, the claimant is X.

The claimant reports having right shoulder pain and significant weakness. Record note that the claimant has X. Exam notes X Neer's, Hawkin's, and Jobe's tests. X-ray shows X. MRI shows X. Due to the X. There was no opportunity to obtain agreement to modification of the request. Thus, X is not medically necessary. 6. X is recommended as an

option in more complex surgeries. An X actively assists the physician in performing a surgical procedure. X submit the identical procedure code(s) as the primary surgeon, with the appropriate modifier (X). In this case, the performance of X. Thus, an X would have also been supported to ensure X. Without discussion, no agreement to modify has been obtained. Thus, X is not medically necessary. 7. X. Revision of prior X needed due to disabling pain and loss of function in affected arm, and patient (and shoulder tissue) judged to be good candidate for X. In this case, the use of anchors is supported by published literature for shoulder procedures. The quantity is dictated by the intraoperative findings and extent of the procedure performed. Given the planned procedure, up to X anchors are supported to complete the repair. Without discussion, no agreement to modify has been obtained. Thus, the requested X is not medically necessary.

In a peer-to-peer response dated X for appeal denial, Dr. X wrote, "I am out of options and my hands are tied. The patient needs X. Worker's Compensation has denied X. The patient's adjuster can call the patient and let X know that Workers Compensation will not approve the surgery that in my opinion is the best option for a good outcome and gives the patient the best chance of recovery with X shoulder to try and ensure that X does not have X. While it is not a certainty to prevent X, is my recommendation. If the workers' compensation company is going to be this petty in surgical treatment of the patient, I would expect that they would also shortchange the patient on postoperative physical therapy stating that something ridiculous like X sessions will get the patient back to work, when realistically it is more like X sessions. Not sure if you can talk with X about other potential options with the patient. X may need a second opinion with another X, but I know the quality of care that I put into my patients and surgeries. I am a Board Certified, X trained, and a X

X. I am not requesting anything that is above and beyond for this patient or recommending these options to increase my codes and billing. It seems that the workers' compensation company want this patient to have a bad outcome and not get X shoulder fixed.”

Based on the submitted documentation, the requested X is not medically necessary. The use of a X is not supported by the guidelines. A X is not indicated as well. No new information has been provided which would overturn the previous denials whereby two peer to peer calls were performed. X is not medically necessary and non certified

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

Based on the submitted documentation, the requested X is not medically necessary. The use of a X is not supported by the guidelines. A X is not indicated as well. No new information has been provided which would overturn the previous denials whereby two peer to peer calls were performed. X is not medically necessary and non certified

Upheld

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

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE