

REVIEWER'S REPORT

DATE OF REVIEW: 12/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left shoulder arthroscopy and decompression, left rotator cuff repair of left shoulder superior labral anterior posterior (SLAP) tear.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon.

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
726.2	29827		Prosp.						Overturn
726.2	29807		Prosp.						Overturn
726.2	29826		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial and criteria for denial (ODG)
3. Treatment notes and evaluations from treating doctor 09/15 – 10/22/08
4. Treating doctor's correspondence 10/29/08
2. MRI scan reports 09/17/08
3. Physical therapy reports 10/20/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant was lifting a box on xx/xx/xx and had shoulder pain and has continued to have shoulder pain since that time. The patient was followed by an orthopedic surgeon. Injection was given, apparently without significant response. The patient underwent a physical therapy program for which the therapist reported she was responsive and cooperative, but did not obtain significant benefit after twelve sessions.

An MRI scan was done and interpreted by the radiologist as negative, although the treating physician felt that there was a probable SLAP tear present and states that he had other

physicians in his office review that x-ray, who agreed with him. In summary, it appears that the patient is three-and-a-half months post injury and continues to have shoulder pain. A diagnosis of impingement has been made along with the possibility of a SLAP lesion.

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

It would appear to me that the patient has been treated conservatively with injection, time, and physical therapy, and has not substantially improved. The treating physician feels strongly that the patient has definite pathology that can be aided by an arthroscopic procedure. I think it is reasonable under these terms to proceed with such treatment.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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.
 - __XX_ 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 national accepted medical literature (provide a description).
 - _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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