



RYCO
MedReview

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Notice of Independent Review Decision

DATE OF REVIEW: 12/31/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left shoulder arthroscopy, Subacromial decompression (SAD), SLAP repair vs. biceps tenodesis

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

Board Certified in Orthopedic Surgery

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 or not medical necessity exists for each of the health care services in dispute.

Left shoulder arthroscopy - Overturned
Subacromial decompression (SAD) - Overturned
SLAP repair vs. biceps tenodesis - Overturned

PATIENT CLINICAL HISTORY **(SUMMARY):**

The patient sustained an injury to his left elbow and left shoulder area in xx/xx . He has undergone work hardening, extensive physical therapy, MRI's, as well as a surgical procedure for lateral epicondylitis. His most recent medications were noted to be Celebrex, Ultram, and Neurontin.

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

The left shoulder arthroscopy, subacromial decompression, and SLAP repair versus biceps tenodesis are medically reasonable and necessary. The patient's symptoms have not changed by the appropriate treatment of the lateral epicondylitis to this point. The MR Arthrogram shows a SLAP tear, which could reasonably be caused by his injury, that being struck on the superior aspect of the shoulder, and the humeral head could have been depressed enough to tear the superior labrum. The patient has focal physical findings, including a positive impingement sign that correlates with the radiographic findings. The totality of the medical evidence makes it reasonable to perform a subacromial decompression and SLAP tear as a portion of the occupational injury.

Criteria utilized include the ODG and Campbell's Operative Orthopedics.

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)**