

Notice of Independent Review Decision

**REVISED DECISION**  
 Initial decision dated 05/19/08 presented in  
 incorrect format, including  
 incorrect appeal rights.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 05/17/08

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
 Denial of right shoulder arthroscopy SLAP repair, outpatient

**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>
840.07	29807		Prosp.		03/24/08 – 05/30/08				Overturn

**INFORMATION PROVIDED FOR REVIEW:**

- TDI case assignment

2. Letters of denial 03/03/08 & 03/24/08, criteria used in denial (ODG), and URA documentation.
3. Ortho & rehab evaluations 01/17/08 & 01/31/08.
4. MRI 01/07/08 & 02/05/08
5. Physical therapy 03/14/08 – 03/20/08.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient sustained an over-the-counter lifting/pulling incident, having neck pain and shoulder pain. It was thought he had a cervical sprain with some cervical spondylosis. Shoulder was felt to have impingement syndrome plus SLAP lesion and mild acromioclavicular joint arthrosis.

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

Physical examination was consistent with positive O'Brien's abductor pain although no definite abductor weakness, neck tenderness and positive Spurling's test. MRI scan suggested SLAP lesion along with a stress reaction in the greater tuberosity. Plain films showed mild acromioclavicular joint arthrosis and greater tuberosity sclerosis. Cervical spine films showed anterior ligament calcification. MRI scan showed some mild spondylitic findings.

The patient is now five months post injury and has undergone a physical therapy program, anti-inflammatory medication, and muscle relaxants, and apparently has not substantially improved. In light of the fact that the patient has not improved, has had physical therapy and positive x-ray findings, I think it is reasonable to consider arthroscopic treatment, which would probably consist of a decompression, possible debridement versus repair of SLAP lesion, and if necessary, debridement and repair of rotator cuff. It has been mentioned by other reviewers that the patient has had a cortisone injection. While this certainly could be done, I do not think it is absolutely required prior to making a decision on surgical intervention.

**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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.

**INDEPENDENT REVIEW INCORPORATED**

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- 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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