

Notice of Independent Review Decision

DATE OF REVIEW: 12/14/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy, Shoulder, Surgical; Repair Of Slap Lesion

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/11/2004 and currently resides in MO.

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)

Arthroscopy, Shoulder, Surgical; Repair Of Slap Lesion Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Letter by, dated 11/24/2009
2. Fax page, dated 11/24/2009
3. Request form by MD, dated 11/20/2009
4. Letter by, dated 11/10/2009 & 11/20/2009
5. Worker's compensation non network IRO, dated unknown
6. IRO request form by author unknown, dated unknown
7. Notice of assignment by, dated 11/24/2009
8. Reconsideration of surgery by MD, dated 11/16/2009
9. Letter by, dated 11/10/2009 & 11/20/2009
10. Pre-certification authorization request by author unknown dated 11/5/2009
11. MRI of left shoulder W/3D by MD dated 10/31/2009
12. History note by MD dated 10/19/2009 & 11/4/2009
13. Review data Fax page dated 12/1/2009
14. Letter by dated 12/1/2009
15. Request form by author unknown dated 11/26/2009
16. Notice to utilization review by dated 11/24/2009
17. Confirmation of receipt by author unknown dated 11/23/2009
18. Appeal prospective by MD, dated 11/20/2009
19. Reconsideration for surgery by MD, dated 11/16/2009

Name: Patient_Name

20. Letter by , dated 11/10/2009 & 11/20/2009
21. Initial prospective by MD, dated 11/9/2009
22. Pre-authorization request by author unknown dated 11/5/2009
23. Radiology report by MD, dated 10/31/2009
24. History by MD, dated 10/19/2009 & 11/4/2009
25. IRO request form by author unknown dated unknown
26. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee (IE) is a male who was carrying 90# of rubber on xx/xx/xx and it fell. He complained of shoulder pain. An x-ray (report not available for this review) apparently demonstrated AC joint changes.

He was treated with physical therapy by report: 5 sessions (not available for review). He was seen by a Dr. who then referred him to Dr. because the IE was not getting better. Clinical exam states TTP over AC joint and instability. Intact muscle strength reported. There was no apprehension. Biceps were intact.

MRI from 10/31/09 indicates acromion abnormalities combined with impingement and vertical tear of anterior glenoid labrum.

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

There has not been a clear delineation in terms of radiographic and clinical evidence to support the surgery. Dr. wrote a note on 11/16/09 indicating he sees no reason to delay immediate surgical stabilization of the AC joint.

The clinical notes indicate AC joint instability from Dr. exam on 10/19. However, he requested a Mumford procedure. This could be devastating if there truly is AC joint instability.

There should be radiographic reports of stress views and comparison to opposite shoulder.

In addition, ODG guidelines state Mumford for diagnosis of post-traumatic arthritis of AC joint and additional subjective and objective criteria.

There is no evidence of instability noted on exam of the shoulder from the SLAP lesion. The O'Brien's test is non specific.

There has not been documentation of adequate trial of physical therapy or documentation of cortisone injection, NSAID's and/or modified activity.

In addition, there is no documentation of ROM on this injured employee.

There is not adequate clinical and radiographic documentation and is not supported by ODG. Thus, the recommendation is to uphold the previous denial.

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)

J Am Acad Orthop Surg. 2009 Oct;17(10):627-37.

Superior labral tears of the shoulder: pathogenesis, evaluation, and treatment.

Keener JD, Brophy RH.

Name: Patient_Name

Department of Orthopedic Surgery, Washington University School of Medicine, St. Louis, MO 63110, USA.

Clin Sports Med. 2008 Oct; 27(4): 607-30.

Superior labral lesions anterior to posterior-evaluation and arthroscopic management.

Bedi A, Allen AA.

Sports Medicine and Shoulder Service, Hospital for Special Surgery, 535 East 70th Street, New York City, NY 10021, USA. bedia@hss.edu

Clin Orthop Relat Res. 2007 Feb; 455: 30-7.

Surgical treatment of symptomatic acromioclavicular joint problems: a systematic review.

Rabalais RD, McCarty E.

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