



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WCN

DATE OF REVIEW: 10-1-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right shoulder SAD debridement versus repair labrum 29826, 29822, and 29807

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

American Board of Orthopaedic Surgery-Board Certified

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- PAC., office visits from 6-19-09 through 7-30-09.
- 8-5-09 MRI of the right shoulder.
- MD., office visits on 8-20-09 and 9-3-09.
- 8-28-09 MD., performed a Utilization Review.
- 9-14-09 MD., performed a Utilization review.

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx, the claimant was evaluated by PAC., the claimant reported that he fell off his truck and he landed on the lateral trunk wall in the mid axillary area on the left side. The claimant reported that he tried to catch himself by grabbing his right hand and said that it pulled his shoulder and has a lot of pain and burning. The claimant was placed on Lortab.

On 6-24-09, the claimant was evaluated by , PAC., the claimant reports right shoulder discomfort and rib pain. The claimant is much better. On exam, the claimant has restricted range of motion. He has negative Speeds test, negative impingement test. The evaluator recommended the claimant return to work.

On 7-9-09, the claimant was evaluated by , PAC., the claimant reported that he hit his ribs and had a rib contusion, but he is better. He is having pain at the anterior shoulder and posteriorly. The evaluator provided the claimant with an injection into the right shoulder.

On 7-30-09, the claimant was seen by PAC., who notes the claimant is having a difficult time when driving his route with difficulty shifting. It was felt the claimant had a right rotator cuff strain and possible tear. The claimant was taken off work and the evaluator recommended an MRI.

MRI of the right shoulder dated 8-5-09 showed bursal surface irregularity and approximate one-third thickness intra substance signal change, compatible with tendinosis versus intra substance partial tearing. No full thickness rotator cuff tear is appreciated. There is small to moderate subacromial/subdeltoid bursitis. There is a potential source for rotator cuff impingement.

On 8-20-09 MD., the claimant is a man that was seen for evaluation of the right shoulder injury. The claimant reported that he was at his work place when he fell and grabbed a railing with his right hand. He flipped over and twisted his shoulder. The claimant has been treated conservatively for two months without relief. The claimant has had injections and physical therapy. He had an MRI performed. On exam, the claimant has a positive Neer and Hawkins test. The claimant has a positive O'Brien's test. Negative lift off. There is a positive Yergason's test. He has normal motor and sensory exam, but has weakness to rotator cuff strength testing. The evaluator recommended surgical intervention with an arthroscopy, SAD and labral debridement versus repair.

On 8-28-09, MD., performed a Utilization Review. It was his opinion that when one turns to the ODG guidelines there has been conservative care exceeding three months. However, night pain has not been documented. It is unclear whether or not the injection provided temporary relief to which would be a diagnostic injection test. The imaging findings would support decompression. There would also appear to be a discrepancy between the radiologist's interpretation and the treating surgeon's interpretation pertaining to the labrum. Based on the information available the reviewer was not able to recommend the proposed procedure as medically necessary. If the treating physician could be contacted and if indeed the difference in opinion of interpretation of the imaging study could be clarified along with the documentation of night pain this case would meet the ODG criteria and then could be certified. However, as outlined above, pending those pieces of information the evaluator was not able to recommend the procedure based on the ODG guidelines.

On 9-3-09, MD., the claimant sustained a work related right shoulder injury with traumatic impingement syndrome and labral tears with possible SLAP tear. The evaluator has evaluated the claimant and reviewed all of his studies. Clinically, the claimant has failed conservative treatment. Although the MRI read by the radiologist reporting some bursal surface irregularity and partial thickness of the rotator cuff, they did not mention any tears in the glenoid labrum. The evaluator disagreed with this reading. The evaluator recommended proceeding with surgical intervention with an arthroscopy, debridement of labral teas versus possible repair as well as a SLAP repair as needed.

On 9-14-09, MD., performed a Utilization review. It was his opinion that the definite diagnosis of superior labrum anterior to posterior lesion is accomplished through diagnostic arthroscopy. Generally type I and II lesions do not need any treatment and debridement.

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

I WOULD RECOMMEND AGAINST SURGERY AT THIS TIME. THE CLAIMANT MAY BE A CANDIDATE FOR SURGERY, BUT THIS IS NOT WELL DEFINED AT THIS

POINT. ODG RECOMMENDS SLAP REPAIR FOR TYPE II AND TYPE IV LESIONS. AT THIS POINT, THIS IS NOT ESTABLISHED. FURTHER DIAGNOSTIC TESTING IS INDICATED. THEREFORE, THE REQUESTED PROCEDURE IS NOT ESTABLISHED AS MEDICALLY NECESSARY.

ODG-TWC - last update 9-23-09 Occupational Disorders of the shoulder - SLAP repair: Recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. The advent of shoulder arthroscopy, as well as our improved understanding of shoulder anatomy and biomechanics, has led to the identification of previously undiagnosed lesions involving the superior labrum and biceps tendon anchor. Although the history and physical examinations as well as improved imaging modalities (arthro-MRI, arthro-CT) are extremely important in understanding the pathology, the definitive diagnosis of superior labrum anterior to posterior (SLAP) lesions is accomplished through diagnostic arthroscopy. Treatment of these lesions is directed according to the type of SLAP lesion. Generally, type I and type III lesions did not need any treatment or are debrided, whereas type II and many type IV lesions are repaired. (Nam, 2003) (Pujol, 2006) (Wheless, 2007)

Per ODG 2009 regarding SLAP lesions: Recommend criteria below, and the use of shoulder arthroscopy. When the glenoid labrum becomes injured or torn, it is described as a labral tear. These tears may be classified by the position of the tear in relation to the glenoid (which is often called the "shoulder socket"). A SLAP tear is a tear in the labrum that covers the top part of the shoulder socket from front to back (Superior Labral tear from Anterior to Posterior). A SLAP tear occurs at the point where the long head of biceps tendon attaches. This type of tear occurs most commonly during falls on an outstretched arm. SLAP lesions have proven difficult to diagnose clinically. This study concluded that SLAP-specific physical examination results cannot be used as the sole basis of a diagnosis of a SLAP lesion. (Jones, 2007) Pathology of the SLAP lesion poses a significant challenge to the rehabilitation specialist due to the complex nature and wide variety of etiological factors associated with these lesions. (Wilk, 2005) SLAP lesions are becoming a more recognized cause of shoulder pain and disability. The diagnosis of these lesions is difficult due to vague symptoms and a high degree of overlap with other shoulder disorders, and this requires a high index of suspicion. Advances in MR arthrography may lead to advances in preoperative diagnosis of labral tears, but definitive diagnosis, classification, and management is greatly facilitated with the use of the shoulder arthroscopy. (Maurer, 2003) In a systematic review of studies evaluating 15 clinical tests for labral pathology against MRI or surgery, six accurate tests were identified from high quality studies: Biceps Load I, Biceps Load II, Internal Rotation Resistance (IRRT), Crank, Kim, and Jerk tests. (Munro, 2009) See also Surgery for SLAP lesions.

Criteria for Classification of SLAP lesions:

- Type I: Fraying and degeneration of the superior labrum, normal biceps (no detachment); Most common type of SLAP tear (75% of SLAP tears); Often associated with rotator cuff tears; These may be treated with debridement.

- Type II: Detachment of superior labrum and biceps insertion from the supra-glenoid tubercle; When traction is applied to the biceps, the labrum arches away from the glenoid; Typically the superior and middle glenohumeral ligaments are unstable; May resemble a normal variant (Buford complex); Three subtypes: based on detachment of labrum involved anterior aspect of labrum alone, the posterior aspect alone, or both aspects; Posterior labrum tears may be caused by impingement of the cuff against the labrum with the arm in the abducted and externally rotated position; Type-II lesions in patients older than 40 years of age are associated with a supraspinatus tear whereas in patients younger than 40 years are associated with participation in overhead sports and a Bankart lesion; Treatment involves anatomic arthroscopic repair.

- Type III: Bucket handle type tear; Biceps anchor is intact.

- Type IV: Vertical tear (bucket-handle tear) of the superior labrum, which extends into biceps (intra substance tear); May be treated with biceps tenodesis if more than 50% of the tendon is involved.

(Wheeless, 2007)

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)