

Notice of Independent Review Decision

DATE OF REVIEW: MAY 19, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient SLAP repair of the left shoulder to include 29807.

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

This physician is a Board Certified Orthopedic Surgeon with 37 years of experience as an orthopedic surgeon.

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

Xx/xx/xx, per the Worker compensation information the claimant injured her left shoulder when a student twisted and wrenched her left arm. The claimant is employed.

On xx/xx/xx, M.D., an orthopedic surgeon, evaluated the claimant. Dr. reviewed the claimant's x-rays, which revealed no abnormality. Dr. noted normal active ROM of the left shoulder, but there is pain with motion especially during adduction and abduction. The claimant presented with no crepitation with motion, negative for impingement, and negative apprehension sign of the left shoulder. Dr. did note tenderness to palpation in the anterior aspect of the shoulder.

On February 24, 2010, Dr. performed a re-examination on the claimant. The claimant has failed to improve with conservative treatment. Plan: MRI of the left shoulder.

On February 26, 2010, MRI of the left shoulder was performed, read by M.D. Impression: 1. Partial thickness undersurface supraspinatus tendon tear. 2. Type II SLAP lesion.

On March 3, 2010, Dr. reevaluated the claimant. Physical examination reveals little change from her initial examination 3 weeks earlier. The claimant continued to demonstrate pain with motion and weakness of her left shoulder. I am continuing her with conservative treatment and injected the subacromial space with cortisone.

On March 23, 2010, M.D., an orthopedic surgeon, performed a peer review on the claimant. Impressions: Left shoulder sprain with partial tear of the left rotator cuff.

On March 24, 2010, Dr. performed a follow-up on the claimant. The claimant presented with the same persistent pain of the left shoulder. Recommendations: Surgical intervention of the left shoulder. The claimant has continued to work and would like to schedule the surgery during spring break to be able to avoid xxxxx.

On April 15, 2010, Dr. performed another follow-up with the claimant. The claimant has been working without restrictions and is continuing her home exercise program. The claimant has decided to perform surgery after the school year is completed.

On April 26, 2010, M.D. performed a utilization review on the claimant. Position: Left shoulder MRI consistent with partial thickness tear of supraspinatus and infraspinatus. No excess fluid in SA/SD bursa to suggest occult tear. On physical examination the left shoulder is near normal active ROM, negative impingement, and negative apprehension test. Based on the medical records

submitted for review, surgery requested is not approved. Recommends: Injections and physical therapy.

On May 6, 2010, Dr. performed a utilization review on the claimant. Position: No data to support necessity in association with work related incident. Physician would not take time to discuss medical issues. Recommends non-certification.

PATIENT CLINICAL HISTORY:

On xx/xx/xxxx, the claimant injured her left shoulder when a student twisted and “wrenched” the claimant’s left arm. It is of note that the claimant had a previous work injury to the left shoulder and underwent arthroscopy with debridement of a SLAP tear on December 14, 2004. The claimant did well postoperatively, she was placed at MMI and released to unrestricted duty on February 23, 2005.

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

The claimant presents with a left shoulder Type II SLAP lesion and partial thickness undersurface supraspinatus tendon tear per MRI findings. The claimant has undergone conservative treatment for approximately 4 months in the form of physical therapy, home exercise program, and a cortisone injection without improvement. On physical examination the claimant presents with pain during adduction and abduction, left arm weakness, and tenderness to palpation in the anterior aspect of the shoulder. Based on the above mentioned findings, this case meets the ODG Guidelines criteria for surgical intervention; therefore, the previous decisions have been overturned.

Surgery for SLAP lesions	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) (Wheeless, 2007)
Surgery for rotator cuff repair	ODG Indications for Surgery™ -- Rotator cuff repair: 1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS 2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night (Tenderness over the greater tuberosity is common in acute cases.) PLUS 3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic

	injection test). PLUS 4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff. (
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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)**