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### Notice of Independent Review Decision

**DATE OF REVIEW:** 5/4/10

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Left Shoulder Arthroscopy with Bankart labral repair and capsular plication

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

Certified by the American Board of Orthopaedic Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

| Injury date | Claim # | Review Type | ICD-9 DSMV | HCPCS/<br>NDC | Upheld/<br>Overturned |
|-------------|---------|-------------|------------|---------------|-----------------------|
|             |         | Prospective | 83100      | 29806         | Upheld                |

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physicians' notes/evaluations/letters dated 3/29/10, 3/2/10, 2/10/10, 2/4/10, 1/7/10, 12/9/09, 11/2/09, 10/28/09, 10/21/09

MRI dated 10/22/09

Official Disability Guidelines cited – Shoulder Chapter, Indications for Surgery-Shoulder dislocation surgery, Diagnostic arthroscopy

**PATIENT CLINICAL HISTORY:**

This patient was injured on xx/xx/xx while closing a main cabin door on a jet. Her left shoulder dislocated and spontaneously reduced. MRI of the left shoulder dated 10/22/09 was reported as unremarkable study with normal alignment of AC joint. The undersurface of acromion is concave hooked, Bigliani type III. The humeral head and osseous glenoid are maintained. The rotator cuff is intact. There is no abnormal bursal fluid collection demonstrated. There is no labral tear and biceps tendon appears intact and is normally located in the bicipital groove. The patient was treated conservatively with sling and physical therapy. Clinic notes indicate the

patient experienced subluxation of shoulder when opening refrigerator door, and also dislocated when she was reaching for something under the bed, at which time it stayed out for couple of minutes then spontaneously reduced.

According to the information provided, this patient underwent designated doctor examination and was determined to have reached maximum medical improvement on 1/7/10 with 4% impairment rating. The patient was noted to have received conservative treatment included 9 physical therapy sessions. Examination revealed some decreased strength overall in left shoulder with good range of motion and negative improvement per medical report from 2/10/10. After repeat dislocation the patient complained of a lot of pain. Examination showed very positive anterior laxity.

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

In the Reviewer's opinion, based on the clinical information provided, the proposed surgical procedure is not recommended as medically necessary. Records indicate the patient initially sustained distal location of left shoulder on 10/17/09 while working as flight attendant and closing main cabin door. The shoulder spontaneously reduced. Subsequent progress notes indicate the patient sustained 2 subsequent subluxation/dislocations. The shoulder has spontaneously reduced. The patient complains of significant pain, but there is no documentation of significant functional deficits. On examination the patient reportedly has positive apprehension and anterior laxity; however, the clinical records provide no evidence of an observed shoulder dislocation/subluxation. MRI of the left shoulder on 10/22/09 was unremarkable. The patient's reports are purely subjective and not supported by imaging or other objective findings. The patient was found to be at MMI with 4% impairment rating per designated doctor examination. Given the current clinical data, the requested service left shoulder arthroscopy with Bankart labral repair and capsular plication is not indicated as medically necessary.

REFERENCE: 2010 Official Disability Guidelines, 15<sup>th</sup> edition, Work Loss Data Institute, online version, Shoulder Chapter.

#### **ODG Indications for Surgery™ -- Shoulder dislocation surgery:**

**Criteria** for capsulorrhaphy or Bankart procedure with diagnosis of recurrent glenohumeral dislocations:

- 1. Subjective Clinical Findings:** History of multiple dislocations that inhibit activities of daily living. PLUS
- 2. Objective Clinical Findings:** At least one of the following: Positive apprehension findings. OR Injury to the humeral head. OR Documented dislocation under anesthesia. PLUS
- 3. Imaging Clinical Findings:** Conventional x-rays, AP and true lateral or axillary view.

**Criteria** for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint:

1. **Conservative Care:** At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS
2. **Subjective Clinical Findings:** Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS
3. **Objective Clinical Findings:** Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS
4. **Imaging Clinical Findings:** Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation.

[\(Washington, 2002\)](#)

**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 KNOWLEDGBASE
- 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)