

# I-Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/17/2010

**IRO CASE #:**

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

Left shoulder arthroscopy/SAD/lysis & resection of adhesion/debridement/SLAP repair  
29826, 29825, 29822, 29807 outpatient

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

M.D., Board Certified 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter shoulder  
Dr. 02/01/10, 02/08/10, 03/15/10, 04/19/10, 05/24/10, 06/09/10

Dr. letter, 06/30/10

Peer reviews 08/06/10, 06/29/10

Physical therapy evaluations 04/05/10 and 05/21/10

MRI left shoulder report, 06/04/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male who was in a motor vehicle accident on xx/xx/xx. Dr. saw the claimant on 02/01/10. The examination revealed restriction of motion of the left shoulder, pain with apprehension and tenderness over the anterior tuberosity and acromioclavicular joint on the left. Dr. reviewed the MRI and x-rays of the left shoulder. Light duty was recommended. On 04/19/10, Dr. noted that the claimant had completed 24 physical therapy visits but still had limitations in motion and pain with above shoulder height. The MRI of the left shoulder, dated 06/04/10, showed a possible non displaced posterior labral tear, grade 1 strain of the supraspinatus muscle near the myotendinous junction, no evidence of rotator cuff tear and type 1-A acromion morphology. Dr. evaluated the claimant on 06/09/10. The left shoulder was restricted in abduction and forward flexion. There was tightness in the inferior capsule. A positive O'Brien test was noted. There was pain with apprehension. Dr. reviewed the MRI. The diagnoses were adhesive capsulitis to the left shoulder, shoulder dislocation, rotator cuff sprain and strain left shoulder and superior glenoid labrum lesions. The 06/30/10 appeal

letter documented that the claimant had been treated with a corticosteroid injection and had pain on arc range of motion.

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

This male status post motor vehicle accident has several diagnoses listed which are unclear. There is no obvious pathology on MRI. He has impaired motion. It appears the most conclusive diagnosis established would be that of adhesive capsulitis which would not benefit from the proposed surgery according to the evidence-based guidelines. Therefore, based upon these findings, the left shoulder arthroscopy/SAD/lysis & resection of adhesion/debridement/SLAP repair 29826, 29825, 29822, 29807 outpatient is not medically necessary based on the records available for review.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter shoulder, acromioplasty, diagnosis of a SLAP lesion and surgery for SLAP lesion

ODG Indications for Surgery| -- Acromioplasty

Criteria for anterior acromioplasty with diagnosis of acromial impingement syndrome (80% of these patients will get better without surgery.

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

SLAP Recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved. 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.

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 (intrasubstance 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-AMERICA 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)