



Notice of Independent Review Decision

DATE OF REVIEW: 10/20/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left shoulder diagnostic scope w/SAD Slap-Labral repair (29826, 29807)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering shoulder injury.

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
840.7	29826		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of the reviewer and TDI case assignment forms
2. TDI case assignment forms
3. Letters of denial, 08/22/11 and 09/02/11, including criteria used in the denial
4. Precertification request and request for reconsideration
5. History and physical examination, 08/08/11
6. MRI scan, left shoulder, 08/01/11
7. Clinical notes, 08/03/11, 07/25/11, and 07/12/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered a longitudinal traction straining injury to his left upper extremity while attempting to move a roll-off dumpster. He suffered injury to the left shoulder and pain in the left shoulder. He has been treated with non-steroidal anti-inflammatory medication, activity modifications, and physical examination. He has tenderness throughout the proximal biceps muscle and the anterior aspect of the shoulder. He has maintained good range of motion of the shoulder. An MRI scan dated

08/01/11 reveals an extensive SLAP lesion and mild to moderate acromioclavicular degenerative joint disease. He has tendinopathy evident on the MRI scan without clear evidence of rotator cuff tear. His symptoms have improved somewhat; however, he continues to be symptomatic and is unable to accomplish all activities of daily living. A request to perform diagnostic arthroscopy, subacromial decompression, and SLAP lesion repair or debridement has been considered and denied. It has been reconsidered and denied.

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

This individual had an uncommon injury, that being traction applied to the extremity in extension and internal rotation. He has an extensive SLAP lesion demonstrated on the MRI scan and tenderness and discomfort in the proximal biceps, suggesting that the anchorage of the biceps muscle to the superior glenoid may be involved in the injury. It would appear that diagnostic arthroscopy, subacromial decompression, and SLAP lesion repair or debridement is appropriate and should be approved.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description).