



## IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035  
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584  
e-mail: imeddallas@msn.com

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 10/06/11

**IRO CASE NO.:**

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

Item in dispute:

	Start Date/End Date
29826 Shoulder Arthroscopy/Surgery	8/15/2011-9/30/2011
23700 Fixation of Shoulder	8/15/2011-9/30/2011
29807 Shoulder Arthroscopy/Surgery	8/15/2011-9/30/2011

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

Texas Board Certified Orthopedic Spine Surgeon

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Therapy notes dated 03/29/2011 through 03/31/2011
2. Clinical notes dated 03/28/2011 through 08/04/2011
3. Physical performance evaluations dated 04/14/2011, 05/18/2011, 06/23/2011
4. MRI of the right upper extremity dated 04/11/2011 and MRI of the left shoulder
5. Peer Reviews dated 04/13/2011, 08/15/2011 and 08/18/2011.
6. ***Official Disability Guidelines***

## **PATIENT CLINICAL HISTORY (SUMMARY):**

The patient is a male who sustained an injury to his left shoulder on xx/xx/xxxx when he lifted a bag. The therapy note dated xx/xx/xxxx details the patient having completed 3 physical therapy sessions to date.

The MRI of the left shoulder dated 04/13/2011 revealed a Grade 1 strain of the supraspinatus tendon. No tears were noted at the rotator cuff. A small subacromial

subdeltoid bursitis was noted. The acromion was noted to be positioned one shaft width anteriorly relative to the lateral clavicle.

The clinical note dated 03/28/2011 details the patient complaining of left shoulder pain he rated as 7/10. The patient was noted to have decreased range of motion throughout the shoulder.

The clinical note dated 08/04/2011 details the patient having exhausted all conservative measures to include physical therapy and home exercise program, EMG's, anti-inflammatory medications as well as activity modifications without significant long term benefit. The patient stated that he is unable to lie on his left side at night as the pain in his left shoulder awakens him. The patient was noted to have previously undergone a cortisone injection in the left shoulder as well. Upon exam, the patient was able to demonstrate 160 degrees of flexion and 110 degrees of abduction. The patient was noted to have pain at 90 to 130 degrees when performing forward flexion and abduction. The patient was noted to have a positive Hawkin's, O'Brien's, Neer's and Jobe's signs. Pain was noted at the biceps groove and over the anterior lateral border of the acromion.

The previous peer review dated 08/15/2011 resulted in a denial of a left shoulder surgical intervention secondary to the inadequate conservative care specifically related to the patient's previous injections.

The peer review dated 08/18/2011 resulted in another denial as there was a lack of documentation regarding the patient's conservative treatments. Additionally, there was a discrepancy between the treating provider's examination and a 2nd provider, regarding the patient's range of motion, tenderness and strength regarding the patient's rotator cuff

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

The documentation submitted for review elaborates the patient complaining of left shoulder pain with associated range of motion deficits. The *Official Disability Guidelines* recommend a subacromial decompression and a SLAP lesion repair along with a shoulder fixation provided the patient meets specific criteria to include a minimum of 3 months of conservative treatments to include physical therapy. The documentation details the patient having previously completed 3 physical therapy sessions over the course of approximately 1 week. No other documentation was submitted regarding the patient's ongoing therapy. Given the lack of documentation regarding the patient's

previous involvement with conservative measures to include physical therapy related to the compensable shoulder pain, this request does not meet guidelines recommendations. As such, the clinical documentation submitted for review does not support the certification of the request at this time.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

#### **Reference:**

Official Disability Guidelines, Shoulder Chapter, Online Version.

#### **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. 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 impingement.

#### **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)

(Wheless, 2007)