

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Impingement Type II slap tear repair left shoulder

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

Orthopedic Surgery

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

OD Guidelines

1. Cover sheet and working documents
2. Progress notes dated 06/22/11-06/29/11
3. MRI left shoulder dated 06/27/11
4. Utilization review determination for impingement II SLAP tear repair left shoulder dated 07/11/11
5. Utilization review determination for appeal impingement type II SLAP tear repair left shoulder dated 07/29/11
6. Physician's statement dated 08/31/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xxxx. Records indicate he was using two heavy wrenches pushing one up on the right and down on the left. While doing this he felt very sharp pain in the left shoulder. Examination of the left shoulder on 06/22/11 revealed no swelling. Range of motion was good: forward flexion 160; abduction 120; external rotation 90; internal rotation 60. There was positive impingement, Hawkins test. There was good strength in forward flexion abduction; biceps tenderness; AC joint tenderness; mild subacromial tenderness is negative. X-rays were unremarkable. MRI dated 06/27/11 reported possible small tear without detachment involving the anterior glenoid labrum, with posterior labrum appearing intact. There is mild tendinosis involving the supraspinatus infraspinatus tendons with no evidence of full thickness left rotator cuff tear. The superior glenoid labrum appears intact. There were mild degenerative changes involving the left AC joint with no significant impingement on the superior margin of the left supraspinatus tendon or muscle.

A request for impingement type 2 SLAP tear repair left shoulder was reviewed on 07/11/11 and it was determined that the request does not meet medical necessity guidelines. It was noted that the available clinical records indicate that the injured worker sustained an injury to the left shoulder as a result of work related activity. He has positive findings on orthopedic examination. Imaging studies have shown a possible small tear of the anterior glenoid labrum with mild tendinosis involving the supra and infraspinatus tendons. The records do not indicate the injured worker has undergone any form of conservative treatment and as such would not meet criteria for performance of the requested procedure.

A reconsideration request for impingement type 2 SLAP tear repair left shoulder was reviewed on 07/29/11 and again was determined not to meet medical necessity guidelines. The reviewer noted discussion at length with the requesting provider who acknowledged that the injured worker has not failed conservative care in the form of formal physical therapy, medications and ice. The reviewer would favor exhausting conservative care with anti-inflammatories, activity modification and formal physical therapy to see if the injured worker has decreased pain and increased range of motion and functionality. If the injured worker fails conservative care, the proposed surgery may be found to be reasonable and medically necessary. at this juncture SLAP tear repair of the left shoulder was not recommended as the injured worker has not failed conservative care and there is no full thickness tear with displacement or detachment.

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

After review of the clinical data provided and previous review determinations, the request for impingement type 2 SLAP tear repair left shoulder is not indicated as medically necessary. The injured employee is noted to have sustained an injury to the left shoulder on xx/xx/xxxx. MRI on 06/27/11 revealed a possible small tear without detachment involving the anterior glenoid labrum, with posterior glenoid labrum appearing intact. The superior glenoid labrum appears intact. There was mild tendinosis of the supraspinatus and infraspinatus tendons with no evidence of full thickness rotator cuff tear. There is no documentation of an appropriate course of conservative treatment of at least three prior to pursuing surgical intervention. Given the current clinical data, medical necessity is not established for the proposed surgical procedure and the previous denial should be upheld on IRO.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES