



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

DATE OF REVIEW: 05/14/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Tenodesislong bicep tendon, decompression of subacromial space, remove/transplant tendon.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon

REVIEW OUTCOME:

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

- XX** 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>
726.1	23430		Prosp.						Upheld
726.7	23440		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of the reviewer and TDI case assignment.
2. TDI case assignment.
3. Letters of denial 04/02/12 & 04/19/12, including criteria used in the denial.
4. Correspondence from treating doctor 04/10/12.
5. Treating doctor H&Ps 08/11/11, 01/10/12, 02/07/12, 03/06/12, 03/27/12.
6. Treating doctor office notes 11/11/10 – 07/11/11.
7. Radiology reports 03/16/12 & 04/19/11.
8. Physical therapy plan of care 01/17/12.
9. Records provided by the injured worker in the order in which they were provided. This section contains the following documents that are not listed above.
 - a. PT initial evaluation notes 11/16/10
 - b. Work Status Report 12/03/10
 - c. Rx for PT (not dated).
 - d. PT progress note 03/17/11
 - e. PT evaluations 05/03/11 & 07/07/11
 - f. Correspondence from treating doctor 09/15/11
 - g. Report of Medical Evaluation 10/14/11.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient suffered a work-related injury to the right shoulder on xx/xx/xx: right shoulder sprain with superior labral lesion, refractory to conservative care; right shoulder subacromial impingement syndrome. . He has been treated

**1908 Spring Hollow Path
Round Rock, TX 78681
Phone: 512.218.1114
Fax: 512.287-4024**

conservatively with anti-inflammatory medications and a subacromial steroid injection. An MRI scan was obtained, revealing tendinopathy of the supraspinatus and superior labral tear. The patient was referred to a shoulder specialist who recommended surgery. The surgery was denied. The patient was seen back in follow up. More physical therapy was also recommended but denied by the insurance carrier.

A shoulder specialist is recommending arthroscopic subacromial decompression and open biceps tenodesis. The carrier's denials appear to be based on multiple problems with the medical record. The first issue is the lack of documentation of lower levels of care. The second issue is the lack of lidocain injection, otherwise known as impingement testing. In addition, the request for surgery includes three (3) codes: 14 subacromial decompression, one for biceps tenodesis, and another for biceps tenotomy. There is also notation in the medical record that impingement syndrome in this patient is not a covered part of the workers' compensation claim.

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

I agree with the carrier's denial of this surgery, but for different reasons. First, a subacromial lidocain injection has not been documented in the medical records provided for review. Consequently, I cannot comment on whether or not a subacromial decompression is indicated for this patient. Second, I believe that a biceps tenodesis would be appropriate to manage this patient's SLAP lesion; however, the request for surgery includes two (2) codes which I do not feel are appropriate. The patient certainly appears to have failed extensive conservative treatment for the SLAP lesion.

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

- 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.)