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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 05/18/2012

**IRO CASE #:**

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

L Shoulder Arthroscopy w/ SAD, partial claviclectomy, debrid, SLAP repair w/ bank

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

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

<input type="checkbox"/>	Upheld	(Agree)
<input checked="" type="checkbox"/>	Overtured	(Disagree)
<input type="checkbox"/>	Partially Overtured	(Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. 12/22/06 – MRI Left Shoulder
2. 12/22/06 – Clinical Note –
3. 12/27/06 – Clinical Note –
4. 01/29/07 – Operative Report
5. 02/06/07 – Clinical Note –
6. 02/06/07 – Radiographs Left Shoulder
7. 02/12/07 – Utilization Review Determination
8. 03/16/07 – Physical Therapy Note
9. 03/27/07 – Clinical Note –
10. 04/03/07 – Clinical Note –
11. 04/16/07 – Clinical Note –

12. 05/03/07 – Laboratory Report
13. 05/04/07 – Operative Report
14. 05/09/07 – Clinical Note –
15. 05/10/07 – Clinical note –
16. 05/16/07 – Clinical Note –
17. 05/23/07 – Clinical Note –
18. 06/07/07 – Clinical Note –
19. 06/26/07 – Clinical Note –
20. 06/28/07 – Operative Report
21. 06/28/07 – Radiographs Left Shoulder
22. 08/02/07 – Clinical Note –
23. 08/15/07 – Clinical Note –
24. 08/28/07 – Operative Report
25. 09/10/07 – Clinical Note –
26. 10/08/07 – Clinical Note –
27. 10/29/07 – Physical Therapy Note
28. 11/05/07 – Clinical Note –
29. 11/26/07 – Clinical Note –
30. 12/10/07 – MR Arthrogram Left Shoulder
31. 01/08/08 – Physical Therapy Note
32. 01/28/08 – Clinical Note –
33. 02/07/08 – Designated Doctor Evaluation
34. 03/12/08 – Clinical Note –
35. 03/18/08 – Physical Therapy Note
36. 04/04/08 – Physical Therapy Note
37. 04/07/08 – Clinical Note –
38. 06/11/08 – Designated Doctor Evaluation
39. 06/20/08 – Clinical Note –
40. 06/20/08 – Report of Medical Evaluation
41. 12/15/10 – Clinical Note –
42. 12/29/10 – MR Arthrogram Left Shoulder
43. 01/03/11 – Clinical Note –
44. 03/07/11 – Clinical Note –
45. 04/08/11 – Utilization Review Determination
46. 01/03/12 – Appeal Letter –
47. 03/28/12 – Clinical Note –
48. 04/04/12 – Utilization Review Determination
49. 04/24/12 – Utilization Review Determination

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female with a history of left shoulder pain following a work injury on xx/xx/xx.

MRI of the left shoulder performed 12/22/06 revealed a grade III complete tear of the supraspinatus tendon just proximal to its insertion. There was no retraction of the supraspinatus. The glenoid labrum and biceps tendon appeared intact.

The claimant underwent arthroscopy, SLAP repair with anterior labral repair, and acromioplasty with distal clavicular resection on 01/29/07.

The claimant underwent arthroscopic bicipital tenodesis and incidental anchor removal on 05/04/07. The claimant underwent arthroscopic subacromial decompression of the left shoulder, lysis of adhesions, manipulation under anesthesia, debridement of rotator cuff tear, and removal of loose surgical anchor on 08/28/07.

MR Arthrogram of the left shoulder performed 12/10/07 revealed an intact rotator cuff. There was loose body superior to the articular surface of the glenoid, possibly a fragment of the superior glenoid labrum. The tendon of the long head of the biceps was not seen attaching to the biceps anchor. A rupture was suspected, though metallic artifact originated from the humeral head made it difficult to be certain.

The claimant was seen for follow up on 03/12/08. Physical exam revealed no swelling or deformity. There was no significant tenderness to palpation. The incisions were well-healed. Sensation was intact. The claimant was assessed with mechanical complication of internal orthopedic device, ruptured rotator cuff, SLAP lesion, and shoulder impingement. The claimant was recommended for physical therapy.

The claimant saw on 04/07/08 with complaints of left shoulder pain. Physical exam revealed well-healed incisions to the shoulder. Sensation was intact. There was no swelling or deformity. There was no significant tenderness. The claimant was assessed with mechanical complication of internal orthopedic device, ruptured rotator cuff, SLAP lesion, and shoulder impingement. The claimant was recommended for physical therapy.

The claimant was seen for follow up on 12/15/10. The claimant complained of left shoulder pain rating 8 out of 10. The claimant's medications included Tylenol, Motrin, and Ibuprofen. Physical exam revealed multiple well-healed arthroscopic scars to the left shoulder. There was tenderness to palpation at the bicipital groove. There was decrease range of motion of the left shoulder. The claimant was assessed with bicipital tenosynovitis. The claimant was recommended for MR Arthrogram of the left shoulder.

MR Arthrogram of the left shoulder performed 12/29/10 revealed moderate thickening with increased signal involving the supraspinatus tendon, indicating tendinopathy. There was no partial or full-thickness tear evident. There was moderate atrophy of the supraspinatus muscle. There was a large partial thickness superior labral tear with lateral propagation involving the biceps anchor. The biceps tendon appeared intact, though poorly visualized. There was a moderate amount of fluid within the subacromial/subdeltoid bursa. There was moderate hypertrophy at the acromioclavicular joint that mildly impinged upon the rotator cuff.

The claimant saw on 01/03/12 with complaints of left shoulder rating 8 out of 10. Physical exam revealed a bulge in the lower arm. A palpable defect was felt at the proximal arm. The bulge was accentuated when the claimant contracted the biceps. There was tenderness to palpation at the bicipital groove. There was decreased range of motion of the left shoulder. The claimant was assessed with calcifying bicipital tenosynovitis and SLAP lesion. The claimant was recommended for surgical intervention. The claimant saw on 03/07/11 with complaints of left shoulder pain rating 8 out of 10. Physical exam revealed decreased range of motion of the left shoulder. There was mild swelling at the anterior aspect of the left shoulder. There was mild bulging of the biceps muscle. There was tenderness to palpation at the biceps groove. There was weakness and pain with forward flexion and abduction. The claimant was assessed with bicipital tenosynovitis, SLAP lesion, and ruptured biceps tendon. The claimant was recommended for surgical intervention, to include arthroscopic biceps tenodesis and debridement of calcifications.

An appeal letter by dated 01/03/12 states the claimant reported persistent pain in the area of the biceps tendon since her prior surgery. MRI performed in 2007 revealed evidence of a superior labral tear and damage to the superior glenoid labrum, as well as evidence of a biceps tendon tear close to the attachment at the superior labrum and glenoid. MRI performed 2010 demonstrated the same findings. The claimant was recommended for surgical intervention.

The claimant saw on 03/28/12 with complaints of left shoulder pain. Physical exam revealed tenderness to palpation of the anterior aspect of the shoulder and biceps tendon. There was no evidence of atrophy, crepitus, or effusion. Range of motion testing revealed flexion to 130 degrees, abduction to 130 degrees, external rotation to 80 degrees, and internal rotation to L5-S1. There was full strength throughout. O'Brien's test was positive. Speed's test was positive. The claimant was assessed with bicipital tenosynovitis, adhesive capsulitis of the shoulder, sprain/strain of the superior glenoid, sprain/strain of the rotator cuff, and biceps tendon rupture. The patient was recommended for open subpectoral biceps tenodesis, arthroscopic lysis of adhesions, arthroscopic repair of SLAP lesion, subacromial decompression, and removal of bone spurs.

The request for left shoulder arthroscopy with SAD, partial claviclectomy, debrid SLAP repair with bank with denied by utilization review on 04/24/12 due to lack of recent MRI of the shoulder, failure to document exhaustion of recommended conservative treatments such as oral pharmacotherapy and physical therapy.

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

The requested open repair of the biceps tendon, lysis of adhesions, SLAP repair, subacromial decompression, and bone spur removal is supported as medically necessary based on the clinical documentation provided for review. The MR Arthrogram from December 2010 demonstrates mild impingement of the rotator cuff with partial thickness tearing of the labrum that involves the biceps anchor at

more than 50%. Although no additional MRI studies were provided for review after 2010, the claimant's most recent physical exams continue to demonstrate positive O'Brien's and Speed's tests with loss of range of motion that is consistent with the 2010 MRI findings. Guidelines recommend surgical repair of Type IV SLAP tears when there is significant involvement of the biceps anchor. Guidelines do not indicate that conservative treatment is required with this extensive pathology and given the severity of the tear in this case, further physical therapy or medication would not restore the claimant's function of the left shoulder. As the requested SLAP repair is medically necessary, it is reasonable to also perform the requested lysis of adhesions, subacromial decompression, and bone spur removal to address the pathology noted on the provided MRI study. As the requested procedures are within guideline recommendations, medical necessity is established.

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

  x   **ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

  x   **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE  
(PROVIDE A DESCRIPTION)**

**REFERENCES:**

[Wheeless C.](#) Wheeless' Textbook of Orthopaedics. Superior Glenoid Labrum Lesions: (SLAP).

Pujol N, Hardy P. SLAP lesions: treatment. *Chir Main.* 2006 Nov;25 Suppl 1:S70-4.

Nam EK, Snyder SJ. The diagnosis and treatment of superior labrum, anterior and posterior (SLAP)lesions. *Am J Sports Med.* 2003 Sep-Oct;31(5):798-810.

Official Disability Guidelines, Shoulder Chapter, Online Version

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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) (Wheeless, 2007)