

**ReviewTex**  
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Notice of Independent Review Decision

**Date notice sent to all parties:**

November 19, 2012

**IRO CASE #:**

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

Appeal left shoulder EUA, debridement, subacromial decompression, appeal rotator cuff repair left shoulder Mumford/SLAP repair

**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:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

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

Peer review dated 10/10/11  
Physical therapy evaluation dated 06/20/12  
Clinical notes from Clinic dated 08/23/11 and 01/11/12  
Clinical notes from Center dated 06/11/12 – 08/13/12  
Clinical notes dated 06/19/12  
MRI left shoulder dated 06/25/12

Prior reviews dated 10/12/12 and 10/25/12  
Cover sheet and working documents

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

The patient is a xx year old female who sustained an injury on xx/xx/xx and has been followed for complaints of left shoulder pain. Clinical evaluation dated 06/11/12 indicated that the patient felt a pop within her left shoulder while lifting a bucket of chicken. The patient did undergo prior physical therapy in 2011; however, this was only for 1-2 visits. No other physical therapy was documented. Physical examination at this visit revealed mild loss of active range of motion in the left shoulder with positive impingement signs. Tenderness over the biceps and triceps muscles was noted to the left. Positive drop arm test was noted and there was also weakness on internal and external rotation. Positive Speed's sign was also noted. The patient was recommended for physical therapy for the left shoulder. MRI of the left shoulder completed on 06/25/12 revealed increased signal intensity with diffuse thickening of the supraspinatus tendon. There was intrasubstance tearing within the insertion site that extended to the articular surface area. A larger portion of the tear was noted on the anterior side of the supraspinatus with near complete disruption. Follow-up on 08/13/12 stated that the patient continued to have left shoulder pain. Physical examination was not significantly changed from prior exams. The request for left shoulder EUA, debridement, subacromial decompression, and rotator cuff repair with Mumford and SLAP procedure was denied by utilization review on 10/12/12 as there was no documentation regarding adequate conservative treatment to include extensive physical therapy or injections. There was also no description of an abnormal acromioclavicular joint or evidence of SLAP lesions that would require surgical repair. The request was again denied by utilization review on 10/25/12 as there were no clinical indications for surgical repair of a SLAP lesion and there were additional nerve-related symptoms that were not effectively ruled out.

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

The request for left shoulder EUA, debridement, subacromial decompression, and rotator cuff repair with Mumford and SLAP procedure is not recommended as medically necessary based on the clinical documentation provided for review and current evidence based guidelines. Based on the clinical documentation, the patient was referred for physical therapy; however, it is unclear what the patient's response was to physical therapy. Only 1 physical therapy intake report was provided for review and there was no indication that the patient failed to progress with physical therapy that would reasonably require surgical intervention. No diagnostic injections at the subacromial space were documented as recommended by current evidence based guidelines. Additionally, imaging studies provided for

review failed to identify any significant acromioclavicular joint osteoarthritis or SLAP pathology in the left shoulder that would reasonably require repair as requested. As the clinical documentation provided for review does not support all the surgical procedures requested, medical necessity is not established.

## IRO REVIEWER REPORT TEMPLATE -WC

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

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

ODG Shoulder Chapter

#### **ODG Indications for Surgery™ -- Rotator cuff repair:**

**Criteria** for rotator cuff repair OR anterior acromioplasty with diagnosis of partial thickness rotator cuff repair OR 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 (Tenderness over the greater tuberosity is common in acute cases.) 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 deficit in rotator cuff.

([Washington, 2002](#))

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](#)) Shoulder surgery for SLAP tears may not be successful for many patients. For example, of pitchers who failed physical rehabilitation and then went on to surgery just 7% were able to play as well as they had before, but for pitchers who just underwent physical rehabilitation, 22% were able to play as well as they previously had. ([Fedoriw, 2012](#))

#### **ODG Indications for Surgery™ -- Partial claviclectomy:**

**Criteria** for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint:

**1. Conservative Care:** At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS

**2. Subjective Clinical Findings:** Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS

**3. Objective Clinical Findings:** Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS

**4. Imaging Clinical Findings:** Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation.