



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision

DATE: September 4, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Diagnostic arthroscopy, left shoulder, with subacromial decompression, superior labral anterior posterior lesion repair, extension debridement, and assistant surgeon

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

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering shoulder problems.

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)

The reviewer does not find for the medical necessity of the requested diagnostic arthroscopy, left shoulder, with subacromial decompression, superior labral anterior posterior lesion repair, extension debridement, and assistant surgeon

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. forms
2. Certification of independence of the reviewer
3. TDI referral forms
4. Denial letters, 05/07/12 and 05/30/12
5. URA records
6. MR arthrogram, 04/16/12, left shoulder with addendum 04/24/12
7. Appeal letter, 04/30/12
8. ODG Guidelines 2012, passage "Cryotherapy Unit"
9. Garner Riley Physical Therapy discharge progress note, 11/16/11, initial evaluation 10/11/11 with follow-up 10/26/11
10. clinical notes, 01/05/12, 03/29/12, and 04/19/12
11. MRI scan, left shoulder, 12/02/11
12. 01/02/12

13. 12/26/11
14. 12/16/11, 11/22/11, and 10/06/11
15. 12/06/11, 11/08/11, 10/31/11, and 10/19/11
16. 09/29/11
17. Physical therapy prescription, Occuscript, undated

PATIENT CLINICAL HISTORY [SUMMARY]:The patient is a male who suffered a traction injury to his left arm on xx/xx/xx. He has had anterior shoulder pain which was initially treated with a physical therapy regimen which resulted in relief of symptoms. He has had a recurrence of symptoms, and he now has diminished range of motion, positive O'Brien and positive Speed's tests. His pain increases with overhead activity and reaching. He had a prior SLAP lesion repair in 2003. He has had a recent MRI scan and MR arthrogram, which did not demonstrate rotator cuff full thickness tear. There is abnormal labral lesion, which has been interpreted as a possible tear or a possible variant as a result of the surgery of 2003. The request to perform diagnostic arthroscopy, left shoulder subacromial decompression, SLAP lesion repair, and extensive debridement with assistant surgeon has been considered and denied; it was reconsidered and denied.

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

The current symptoms of shoulder pain have not been vigorously managed currently. There is no documentation of local injection, recurrence of physical therapy management, activity modifications, and nonsteroidal anti-inflammatory medication. In the absence of efforts to achieve symptomatic relief nonoperatively, it would appear that the requested surgical procedure is unwarranted at this time.

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