

# P-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Nov/4/2013

**IRO CASE #:**

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

Right Shoulder Arthroscopy and Surgical Assistant

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

Board Certified Orthopedic Surgeon (Joint)

**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)

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

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

ODG - Official Disability Guidelines & Treatment Guidelines  
Functional capacity evaluation 10/25/12  
Functional capacity evaluation 09/27/12  
Psychological evaluation 06/11/12  
Physical performance evaluation 05/31/12  
Physical performance evaluation 05/15/12  
Work hardening progress report 04/16/13  
Work hardening progress report 05/08/13  
Physical performance evaluation 01/31/13  
Work hardening treatment plan 02/08/13  
Work hardening request undated  
Work hardening request undated  
Behavioral health assessment 01/09/13  
Physical performance evaluation 02/25/13  
Work hardening treatment plan 03/25/13  
Functional capacity evaluation 05/03/13  
Individual psychotherapy reports 06/18/12-10/03/12  
Physical therapy evaluation 09/26/12  
Physical therapy evaluation 08/09/12  
Rehabilitation report 07/11/12  
Physical therapy reports 03/01/12-07/03/13  
Clinical records 05/02/12-04/25/13

Clinical record 03/01/12 illegible signature  
MR arthrogram right shoulder 05/30/12  
MRI left knee 03/30/12  
Radiographs left knee 03/30/12  
MRI right shoulder 03/30/12  
Radiographs right shoulder 03/30/12  
Electrodiagnostic studies 03/22/12  
Operative report 07/17/12  
MR arthrogram right shoulder 03/22/13  
Employer first report of injury or illness xx/xx/xx  
Clinical records 05/14/12-06/20/13  
Clinical record undated  
Legal documentation 10/18/13  
Maximum medical improvement report 02/19/13  
Designated doctor evaluation 04/03/13  
Maximum medical improvement report 06/12/13  
Prior reviews 07/01/13 and 07/19/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury on xx/xx/xx. The patient sustained injuries to the right shoulder neck and left knee. The patient was status post right shoulder arthroscopy with subacromial decompression and acromioplasty with repair of a SLAP tear and microtenotomy of the rotator cuff with rotator cuff repair on 07/17/12. Post-operatively the patient had an extensive amount of post-operative rehabilitation including physical therapy and work hardening program through 05/13. MR arthrogram of the right shoulder on 03/22/13 demonstrated a type 2 acromion with no significant shoulder inlet or outlet stenosis. There was no evidence of rotator cuff tears or thickening. The long head of the biceps tendon appeared to be in the normal position; however, there was an acute appearing partial thickness tear in the superior portion of the glenoid labrum. There was also a small focus of enhancement seen in this region. There was a small focus of contrast accumulation in the tear at the superior portion of the glenoid labrum. Radiologist felt that there was an acute partial thickness SLAP lesion within the posterior within the superior portion of the glenoid labrum. Maximum medical improvement report from 06/12/13 identified positive apprehension sign and the report recommended repair of the SLAP lesion in the right shoulder. The most recent clinical record on 06/20/13 indicated that the patient had minimal relief with cortisone injections. Physical examination continued to show loss of forward elevation actively with full passive range of motion in the right shoulder. Mild weakness continued in the rotator cuffs on strength testing. Impingement sign was positive. It was unclear whether there were any further positive signs for labral pathology. On 06/22/13 recommended arthroscopy to address labral tear; however, no clear procedures were recommended. The request for right shoulder arthroscopy with surgical assistant was denied by utilization review on 07/01/13 as the most recent physical examination was negative and unremarkable for possible for positive labral signs such as positive O'Brien. On peer to peer the reviewer felt that the clinical findings were not consistent with a type 2 or 4 SLAP lesion. The request was again denied by utilization review on 07/19/13 as the most recent physical examination was not consistent with the last MRI of the right shoulder. No further information was provided regarding positive labral signs.

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

This patient has had ongoing complaints of right shoulder pain despite prior surgical intervention in 07/12. This pain continued despite extensive amounts of conservative treatment post-operatively including physical therapy and work hardening program. The most recent imaging studies identified labral tear superiorly; however, based on MR arthrogram report this did not appear to be either type 2 or 4 SLAP lesion. Per current evidence based guidelines surgical intervention for SLAP lesions is typically limited to either type 2 or 4 morphology. Given that the recent physical examination findings were negative for any positive labral signs such as positive O'Brien or apprehension signs, and as the patient demonstrated rotator cuff weakness with positive impingement signs which is not consistent

with the most recent imaging studies, it is the opinion of this reviewer that medical necessity for the request is not established. As such the prior denials are upheld.

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

- ACOEM-AMERICA 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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)