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***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Orthopedic Surgery

***Description of the service or services in dispute:***

Left shoulder diagnostic arthroscopy with Slap lesion repair versus proximal biceps tenotomy with or without tenodesis, possible rotator cuff repair, extensive debridement, synovectomy, and treatment as indicated. Post-op DME purchase Shoulder Orthosis, abduction positioning, airplane design and CRYO rental for 7 days, surgical assistant

***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)

***Patient Clinical History (Summary)***

This patient is a female. She has a date of injury of xx/xx/xx. On 08/04/14, an MRI of the left shoulder without contrast was performed revealing a small tear at the articular surface of the insertion of the supraspinatus tendon. There are findings within the distal infraspinatus tendon likely tendinosis but potentially a small tear was possible. Findings at the anterior glenoid labrum were thought to be either a normal recess or tear and findings at the posterior chondral labral junction were noted. There was a fluid filled cleft at the anterior chondral labral junction with slight signal change in the articular cartilage at the posterior chondral labral junction. The labrum otherwise appeared unremarkable. Degenerative changes at the AC joint were also noted.

On 09/15/14, an initial orthopedic consultation occurred for this patient's left shoulder pain. Immediately following her date of injury, she reported an onset of deep stabbing pain into the left shoulder. She also reports the shoulder shifts and pops. Left shoulder examination revealed marked pain with a peel/back test on external rotation and overhead elevation. She was tender along the proximal biceps tendon but the AC joint was not tender. She had minimal lateral deltoid tenderness and had good passive range of motion without stiffness. There was no instability noted and she had negative apprehension. She had a negative anterior shift. Speed's test, O'Brien's test, and DLST test were all markedly positive and Hawkins' test was relatively unremarkable as was Neer's test. The MRI of the left shoulder was reviewed and it was noted there was evidence of a signal abnormality underneath the superior labrum biceps anchor which was coming up and over the dorsum of the superior glenoid, consistent with a SLAP lesion. A left shoulder diagnostic arthroscopy with a SLAP repair versus proximal biceps tenotomy with or without tenodesis, a possible rotator cuff repair, extensive debridement, synovectomy, and treatment as indicated was discussed with this patient. It was noted she had undergone physical therapy prior to that initial consultation.

On 10/28/14, this patient returned for follow up on her left shoulder. Examination revealed no tenderness of the glenohumeral joint region on the left shoulder. Range of motion to the left shoulder was limited with forward flexion at 90 degrees and abduction to 60 degrees. She continued to have a positive Hawkins', a positive Neer's, and a positive O'Brien's test as well as a positive Speed test and empty can sign all on the left shoulder. Subscapularis strength tests were normal and she had equivocal DLST. There was no dislocation or laxity noted to the left shoulder. Strength in abduction was 3/5 and in flexion 3/5. The surgical procedure was again recommended.

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***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

On 10/28/14, a peer review report for the proposed surgical procedure was performed. It was noted that the MRI had equivocal evidence of a SLAP tear but there was no attempt at an injection to treat the shoulder, and there was high risk for improvement failure, persistent pain, and need for revision surgery. There was no cuff tear on MRI. The request did not meet evidence based guidelines. On 11/01/14, a peer review report was submitted noting that the patient with an injury date on xx/xx/xx. It was noted that guideline criteria have not been met as the patient had persistent shoulder pain with catching and popping and evidence of weeks or months of a recent, reasonable, and/or comprehensive non-operative treatment protocol trial and failure had not been submitted to include injections. Therefore, the request was not medically reasonable or necessary.

In reviewing Official Disability Guidelines shoulder chapter, diagnostic arthroscopy is listed and it is noted that most orthopedic surgeons can generally determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Shoulder arthroscopies should be performed in the outpatient setting. If a rotator cuff tear is shown to be present following the diagnostic arthroscopy, those guidelines should be addressed. Criteria for surgery for SLAP lesions includes 3 months of conservative care and documentation of either a type 2 lesion with fraying and degeneration of the superior labrum, with a normal biceps and no detachment, or a type 4 lesion, more than 50% of the tendon involved, a vertical tear, or a bucket handle tear of the superior labrum which extends into the biceps, intrasubstance tear, and a history and physical examinations and imaging indicate pathology. A definite diagnosis of a SLAP lesion is a diagnostic arthroscopy. The submitted records indicate this patient is close to the age where this surgical procedure is not recommended. The MRI of the left shoulder obtained on 08/04/14, does not indicate a significant labral lesion and does not indicate a type 2 or type 4 lesion. The records do not indicate that an MRA had been performed to further assess these lesions in the left shoulder. While the records do indicate this patient has been given physical therapy, the records do not identify this patient having had an injection into the left shoulder and do not indicate if one was performed and not documented what the efficacy of that injection was. Therefore, the recommendation is for upholding the previous determinations.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ 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 and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)