

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

[Date notice sent to all parties]:

11/25/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left shoulder scope, rotator cuff, labrel 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male. On 09/10/13, he was seen in clinic and stated he had injured his left shoulder on xx/xx/xx when he slipped on ice at work, falling on his left arm and catching himself with both arms. His left shoulder was painful almost immediately and he also started having neck pain as well as centralized pain between his shoulders. The left shoulder became the focus of that workup and he had an MRI showing a tear and a need for revision surgery to take care of that tear. It was reported the patient never reported the right shoulder initially because of more low neck pain going into the right and left side but his shoulder has become more painful particularly on the right side. An MRI apparently revealed a recurrent tear of the right shoulder. His right AC joint was fully decompressed with significant subacromial resection, and he had 2 small metal anchors in the lateral aspect of the supraspinatus from a previous repair. On 06/24/14, this patient returned to clinic,

and was status post injury to his left shoulder. He had a rotator cuff repair in 2011 and fell at work and reinjured his shoulder in xxxx with a right shoulder injury date of xx/xx/xx. He wanted to schedule a rotator cuff repair. Examination of the right shoulder revealed a re-tear of the supraspinatus and a left sided MRI revealed a labral tear.

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

On 08/27/14, a utilization review determination stated that the prospective request for a left shoulder arthroscopy, rotator cuff and labral repair, debridement and acromioclavicular joint resection was non-certified. It was reported then that the MRI showed that the labrum was intact with no tear or detachment and a more recent comprehensive physical examination of the left shoulder had not been submitted for review. The additional records provided for this review do include an imaging study of the left shoulder but it is of poor copy quality. In addition, there is lack of a complete physical examination of the left shoulder on the last clinical note to indicate medical necessity for this procedure. The recommendation is for non-certification of this request.

IRO REVIEWER REPORT TEMPLATE -WC

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Criteria for Surgery for SLAP lesions:

- After 3 months of conservative treatment (NSAIDs, PT)
- Type II lesions (fraying and degeneration of the superior labrum, normal biceps, no detachment)
- Type IV lesions (more than 50% of the tendon is involved, vertical tear, bucket-handle tear of the superior labrum, which extends into biceps, intrasubstance tear)
- Generally, type I and type III lesions do not need any treatment or are debrided
- History and physical examinations and imaging indicate pathology
- Definitive diagnosis of SLAP lesions is diagnostic arthroscopy
- Age under 50 (otherwise consider Biceps tenodesis).