



Notice of Independent Review Decision - WC

DATE OF REVIEW: 10/24/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left shoulder arthroscopy, mini arthrotomy w/SLAP lesion repair of glenoid labrum, acromioplasty and plasma rich platelet gel

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

Board Certified in Orthopaedic Surgery

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 or not medical necessity exists for each of the health care services in dispute:

- Left shoulder arthroscopy, mini arthrotomy w/SLAP lesion repair of glenoid labrum, acromioplasty and plasma rich platelet gel - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant sustained an injury on xx/xx/xx. Complaints included low back and left shoulder pain. Claimant received conservative treatment including physical therapy, medications, and diagnostics which included x-rays, MRI films, MR Arthrogram, CT, and EMG. The claimant underwent a left shoulder arthroscopy for acromioplasty, distal clavicle resection and superior labral anterior-posterior lesion repair on 3/16/11. Claimant was placed at MMI on 02/07/12 with a 4% impairment rating. The claimant had a repeat arthroscopy and SLAP (Superior labrum Anterior Posterior) repair on 05/02/12. Additional MRI of the left shoulder on 06/19/2014

suggested a subtle SLAP leer with "chronic irregularity of the superior aspect of the glenoid thought to be degenerative and/or post traumatic."

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

In this situation, the ODG guidelines do not apply as the claimant has had prior surgery. There are no objective findings on examination, other than decreased range of motion. There is no clinical indication for a third attempt at SLAP repair, as there is no definitive evidence of a tear of the labrum. There is no indication for a SLAP repair, given the equivocal findings on examination. There is no indication for Mini arthrotomy, since the claimant has already undergone distal clavicle excision, and there is no evidence of impingement. Further removal of bone will compromise the acromial bone stock and is contraindicated. The current peer-reviewed medical literature does not show any indication for platelet rich plasma in the treatment of the shoulder for degenerative or chronic labral tears. If the ODG were to apply, there is no indication for surgery: surgery is only indicated Type II lesions (fraying and degeneration of the superior labrum, normal biceps, and no detachment) or 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). Neither of these are present.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**