MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
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Notice of Independent Review Decision

DATE OF REVIEW: July 29, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Right shoulder arthroscopy with labral repair and debridement (CPT 29807, 29822, 64418)

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

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicing in the State of Texas.

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)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained a work related injury on xx/xx/xx while she was lifting and felt a “pop” in her right shoulder. She was treated with activity modification, medications, elastic support/orthosis, steroid injection and physical therapy. She reported no improvement with conservative treatment. She then had MRI of the right shoulder dated 05/23/2014 showed, “intrasubstance tearing of the subscapularis tendon and partial-thickness, inferior surface tearing of the superior labrum. No full-thickness rotator cuff tear is identified. Obliquely oriented linear tearing of the superior labrum.”

Subsequently, she saw orthopedic surgeon, on 06/09/2014 with complaints of throbbing right shoulder pain and limited function, pain scale at rest was 7/10 and pain with overhead reaching. On physical exam of right shoulder, there was tenderness at anterior aspect of the shoulder joint, decreased right shoulder ROM, positive Yergason test, positive Speed test, negative lift off test, negative relocation test, negative glenohumeral translation, negative apprehension test, no crepitus, and +2 radial pulses, sensate to light

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touch. diagnosed her with Shoulder region DIS OT, joint derangement UNS. Shoulder, and rotator cuff syndrome UNSPEC. recommended right shoulder arthroscopy with labral repair and debridement.

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

This female has a mechanism of injury, subjective complaints, physical exam findings and imaging that are consistent with a superior labral anterior posterior tear (SLAP tear). She has not demonstrated success with non-operative modalities or time. She continues to have a significant amount of limitations secondary to her shoulder injury.

The ODG outlines surgery is recommended for TYPE II SLAP tears and TYPE IV tears when > 50% of the tendon is involved. Most of the reviewers have misrepresented this recommendation in their findings. This patient does not have a TYPE IV tear and therefore the percentage of tear has no bearing on the recommendation for surgery. TYPE IV tears involve the biceps tendon. The report makes no mention of the biceps tendon being involved. This tear is most likely a TYPE I or II. The fact the patient's MRI without contrast showed a tear means it is probably of significant size and disability. These disease processes can be difficult to pick up without MRIs with contrast.

I disagree with the denial and the requested surgery meets the ODG criteria and is medically necessary and appropriate.

ODG – Shoulder
Surgery for SLAP lesions
Recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. The advent of shoulder arthroscopy, as well as our improved understanding of shoulder anatomy and biomechanics, has led to the identification of previously undiagnosed lesions involving the superior labrum and biceps tendon anchor. Although the history and physical examinations as well as improved imaging modalities (arthro-MRI, arthro-CT) are extremely important in understanding the pathology, the definitive diagnosis of superior labrum anterior to posterior (SLAP) lesions is accomplished through diagnostic arthroscopy. Treatment of these lesions is directed according to the type of SLAP lesion. Generally, type I and type III lesions did not need any treatment or are debrided, whereas type II and many type IV lesions are repaired. (Nam, 2003) (Pujol, 2006) (Wheeless, 2007) Shoulder surgery for SLAP tears may not be successful for many patients. For example, of pitchers who failed physical rehabilitation and then went on to surgery just 7% were able to play as well as they had before, but for pitchers who just underwent physical rehabilitation, 22% were able to play as well as they previously had. (Fedoriw, 2012)
Recent research: Study quality is not high, but it is consistent, and it continues to support this procedure for selected patients. Arthroscopic repair of SLAP lesions with extensive

tears can achieve good outcomes. (Huang, 2013) Good to excellent results in Oxford shoulder scores were reported in 94% of patients, and no statistical correlation was found between the patient's age, female gender, and outcome scores. (Mok, 2012) Although the rehabilitation process may be affected by a protracted period of pain, a long-term limitation of ROM after surgery is very unlikely. The results in this study are encouraging and the authors recommend anatomic restoration and repair of type II SLAP lesions. (Boesmueller, 2012) Long-term outcomes after isolated labral repair for SLAP lesions are good and independent of age. Satisfaction was rated excellent/good for 88% of patients at 5 years. Postoperative stiffness was registered in 13.1% of the patients. (Schrøder, 2012) While SLAP lesions of the shoulder that require surgical repair are relatively uncommon, there is a substantial increase in the number of arthroscopic SLAP repairs that is significantly more rapid than the rising rate of outpatient orthopedic surgical procedures. In addition, there is a significant increase in the age of patients who are being treated with arthroscopic SLAP repairs. (Onyekwelu, 2012) In 87% of cases, a good or excellent functional outcome can be anticipated after arthroscopic repair of type II SLAP lesions, but variables associated with a poor outcome include Workers' Compensation status. (Denard, 2012)

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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

X **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**

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☐ **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)**