

May 4, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Shoulder Arthroscopy w/ SLAP repair, Debridement 29807 29806 29823
66418

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. The physician has been in practice since 1982 and is licensed in Texas and Oklahoma.

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 of the health care services in dispute.

Upon independent review, the physician finds that the previous adverse determination should be ~ Overturned

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured xx/xx/xx when she was pushed to the floor. The patient subsequently was diagnosed with derangement of the shoulder region, superior labral lesion, and affectations of the shoulder region. The patient subsequently was treated surgically with an arthroscopic Mumford and repair of a Type 2 SLAP lesion. The patient subsequently had an MRI 09/23/14 that noted evidence of the prior repair with tearing of the superior half of the anterior labrum and inferior surface of the superior labrum.

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Currently, on 02/27/15, there was documentation of a positive O'Brien's and positive impingement sign on physical examination with anterolateral tenderness about the shoulder joint. The treating orthopedic surgeon, most recently reported as of 02/27/15 the patient's treatment, including injections, NSAIDs, activity modification, and therapy, at his physical examination findings on that date did correlate with the review that the patient did have physical examination findings included impingement, O'Brien's, Yergason's, and Speed's test, all being positive.

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

The rationale for my decision is with noting that the patient had exhausted conservative treatment, with which I agree. I disagree that he indicated there were no quantitative, objective findings on physical examination, as the patient did have the positive O'Brien's, Yergason's, and Speed's tests that are provocative and indicative of pathology that would support the request for surgery. This is in line with ODG guidelines that indicate for Type 2 SLAP lesions, and the description in the medical records of the repeat MRI would support a Type 2 SLAP lesion at the biceps anchor, after three months conservative treatment, repair is recommended. In addition, in this patient's case, the physical examination findings correlate with the imaging findings for labral-generated pain, and I do agree that the repair is medically necessary.

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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
- 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)