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**IRO Certificate #**

DATE OF REVIEW: 9/03/15

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE  
Right Shoulder Arthroscopy w/Repair of SLAP Lesion, CPT:

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION  
Physician Board Certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree)
<b>Overtured</b>	<b>(Disagree) X</b>
Partially Overtured	(Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

Letter of adverse determination authored by; report states Type III SLAP Lesions are usually not treated surgically; the criteria for SLAP Lesions would be three months of conservative treatment. The report also states the patient has not yet had three months of conservative treatment with non steroidal and physical therapy.

A second notification of reconsideration of determination was reviewed, generated by, stating the procedure was non certified and that Type III SLAP Lesions generally do not need debridement.

A clinic note by, date of examination 6/30/15. Patient was complaining of right shoulder pain after work injury XX/XXX. His assessment was a rotator cuff sprain. He was referred to an orthopedic surgeon and an MRI was ordered.

Patient was then seen by, as well as, 7/09/15. Chief complaint was a right shoulder pain. Examination of the right shoulder showed diffused tenderness and limited range of motion. MRI of the right shoulder (7/07/15) was reviewed showing marrow edema and minimal focal concavity seen in the anterior medial aspect of the humeral head consistent with a bone contusion, raising the possibility of a reverse Hill-Sachs contusion from prior posterior glenohumeral dislocation. Abnormalities are noted in the superior labrum as well. Patient was treated with Cyclobenzaprine, Medrol Dosepak, and Tylenol #4. He was also started on physical therapy.

The patient returned to see on 7/24/15. Patient continues to have right shoulder pain. Examination shows reduced range of motion of the right shoulder. MR Arthrogram performed 7/23/15 shows intact rotator cuff, bucket handle tear of the superior labrum extending anteriorly and posteriorly, SLAP Type III tear. Was also noted to have a subchondral fracture contusion involving the anterior humeral head. He was diagnosed with a bucket handle tear of the superior labrum, Type III, and healing anterior head subchondral fracture. He was recommended to have right shoulder arthroscopy with repair of the supra labral tear.

MRI report dated 7/23/15, right shoulder arthrogram, as listed above. MRI report, right shoulder, w/o

contrast, dated 7/07/15, results listed above. Patient underwent physical therapy and month old visits were recorded.

In summary, Patient is a male who injured his right shoulder in a motor vehicle accident occurring at work XX/XXXX. He sustained an injury to the superior labrum with probable anterior glenohumeral dislocation. As of the last clinic note, patient remains symptomatic. No mention was made of glenohumeral joint instability or recurrent dislocations.

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

**Opinion: I disagree with the benefit company's decision to deny the requested service.**

Rationale: I feel that the patient is sufficiently symptomatic and his mechanism of injury is consistent with his injury and he probably has glenohumeral instability, therefore, if not improved after three months of conservative management with medications and physical therapy, I feel arthroscopy with either debridement or repair of the Type III SLAP Lesion is medically necessary to treat his work injury.

I performed a literature search on Type III SLAP Lesions using 'PUBMED'. There was very little information directly related to evaluation of Type III SLAP Lesions.

A paper by Molesky in "**American Academy of Orthopedic Surgery**", 1998, mentioned the ineffectiveness of non-operative management of SLAP Lesions after 6 to 8 weeks of a physical therapy program.

An article by Dodson, "**Journal of Orthopedics & Sports Physical Therapy**", 2009, states that Type III and Type IV Lesions are usually associated with traumatic instability. They state that conservative management is often unsuccessful in the face of glenohumeral joint instability. They recommend debridement of Type I or Type III SLAP tears.

"**Wheeless' Text Book of Orthopedics**", on line, states "*treatment of Type III SLAP tear requires debridement or repair*", they reference Steven Snyder's article in "**Arthroscopy**", 2010.

Article by S. L. Edwards in "**American Journal of Sports Medicine**", 2010, states that 51% of patients with SLAP tears fail non-operative management and require arthroscopy and debridement. They also note that return to overhead sports activity is difficult to achieve and not achieved in 66% of patient's treated.

Another article by L.M. Katz in "**Arthroscopy**", 2009, states that 71% of patients with poor outcome after SLAP repair, were dissatisfied with conservative treatment.

An article by J.D. Keener, "**JAOS**", October, 2009, states "*consider surgery after three months of conservative treatment for Type III SLAP tears.*" They recommend debridement or repair if the medial glenohumeral ligament is attached to the torn fragment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION (Rationale continuation)

In summary, I feel that this patient would benefit from surgical intervention if he continues to be symptomatic three months after date of injury despite non-operative management.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

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

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 X**  
(PROVIDE DESCRIPTION)

“PUBMED”555555-5

“American Academy of Orthopedic Surgery”, 1998

“Journal of Orthopedics & Sports Physical Therapy”, 2009

“Wheeless' Text Book of Orthopedics” (on line)

“Arthroscopy”, 2010

“Arthroscopy”, 2009

“American Journal of Sports Medicine”, 2010

“JAOS”, October, 2009

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES**  
(PROVIDE DESCRIPTION)