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**An Independent Review Organization**

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**Applied Resolutions LLC**

**Notice of Independent Review Decision**

Case Number:

Date of Notice: 09/15/2015

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**Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Orthopedic Surgery

**Description of the service or services in dispute:**

Right shoulder superior labrum anterior posterior (SLAP) repair, biceps tenodesis and lysis of adhesions

**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)

**Patient Clinical History (Summary)**

Patient is female. On the patient was seen with complaints of right shoulder pain. She stated she was injured while attempting to restrain a patient. She did not recall the specific mechanism. She reported pain after the event. She arrived wearing a sling. She stated she was unable to move her arm. Physical examination of the right shoulder revealed rotator cuff weakness rated at 4/5, and she had a negative belly press test. A limited exam was noted due to guarding and pain. Range of motion was severely limited and crepitus was noted around the subacromial space. She had moderately decreased strength and tone. X-rays revealed normal bony contours without fractures, subluxation or dislocation. On 04/10/15, an MRI of the right shoulder was obtained. No high grade rotator cuff tendon tear was noted. There was suspicion for a SLAP tear and there was minimal AC joint osteoarthritis. Exam was moderately to severe motion degraded. On 06/09/15, the patient returned. It was noted that she had been in physical therapy and she reported feeling something catch in the right shoulder. On exam, she had rotator cuff weakness rated at 4/5, and tenderness was noted about the entire shoulder. Range of motion was severely limited and there was crepitus around the subacromial space. Noting that she had been through significant conservative care, surgery was discussed with her. On 07/06/15, the patient returned to clinic. It was noted pain medications were not helping at all and she was in constant pain. On exam, exam was limited secondary to guarding and pain and rotator cuff weakness was noted rated at 4/5. Strength and muscle tone was moderately decreased. Crepitus was noted around the subacromial space and range of motion was severely limited. Surgery was again discussed with her at that time.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

On 06/12/15, a utilization review determination letter was submitted for the requested right shoulder superior labrum anterior and posterior, SLAP, repair, biceps tenodesis and lysis of adhesions, and criteria used in analysis was the Official Disability Guidelines Shoulder Chapter. It was noted the patient had not

failed at least 3 months worse of conservative treatment to warrant this procedure at that time and the recommendation was for non-certification. On 06/16/15, a request for physical therapy was submitted and was non-certified. On 07/15/15, a utilization review determination letter was submitted for the requested right shoulder SLAP repair, biceps tenodesis and lysis of adhesions, and criteria used in analysis was the Official Disability Guidelines Shoulder Chapter. It was noted the records submitted for review did not contain specific objective and radiographic findings suggestive of adhesive capsulitis to warrant lysis of adhesions and therefore the request was non-certified.

Guidelines indicate that surgery for adhesive capsulitis is under study, as the clinical course of this condition is considered self-limiting and conservative treatment such as physical therapy and NSAIDs, are a good long term treatment regimen. For a SLAP repair, the guidelines advocate 3 months of conservative treatments such as NSAIDs and PT, and documentation of a type 2 or type 4 lesion. The MRI submitted for this review notes there is suspicion for a SLAP tear, and on 1 image there is a focal elevated STIR signal at the base of the superior labrum but no definite type 2 or type 4 lesion has been identified. The records do not document 3 months of conservative care as recommended by the guidelines.

For this review, the Official Disability Guidelines Shoulder Chapter has been utilized. It is the opinion of this reviewer that the request for a right shoulder superior labrum anterior and posterior (SLAP) repair, biceps tenodesis and lysis of adhesions is not medically necessary and the prior denials are upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
  
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)