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**An Independent Review Organization**

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**Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 04/15/2016

**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 arthroscopic exploration and debridement of bicipital groove, open subpectoral biceps tenodesis

**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)**

The patient is a male who reported injury on XX/XX/XX. The mechanism of injury occurred when the patient was pulling a heavy metal bar when he fell backwards onto an outstretched right upper extremity injuring the right shoulder. The patient had a previous arthroscopic rotator cuff repair, biceps tenodesis, excision of the distal clavicle and subacromial decompression on XX/XX/XX to the right shoulder. The MRI of the right shoulder from XX/XX/XX revealed status post acromioplasty, Mumford procedure, rotator cuff repair, and biceps tenodesis without acute abnormality. The long head biceps tendon was normally positioned within its groove. The patient received an ultrasound guided right tendon sheath injection on XX/XX/XX. The progress report from XX/XX/XX notes the patient had complaints of right shoulder pain. The patient has failed biceps tenodesis and has ongoing pain in the right shoulder localized to the bicipital groove. The patient reports no improvement with the steroid injection from XX/XX/XX. The patient continues to state the pain is constant and worse with any movement. The pain limits how much the patient can lift and prevents him from returning to work. The patient also has neck pain with numbness and the feeling of electrical shocks down the left arm. The examination of the right shoulder noted no atrophy of the supraspinatus, infraspinatus or deltoid. There was no Popeye deformity or biceps atrophy. There was tenderness over the tenodesis site and bicipital groove. Range of motion was forward elevation 150 degrees, external rotation 30 degrees, internal rotation to the low thoracic spine and pain with forward elevation. Strength testing was 5/5. There was no gross instability noted. There was a positive impingement sign as well as a positive Speed's test. There was intact sensation noted. The treatment plan noted the patient continues to have pain in the right shoulders localized to the bicipital groove despite subacromial steroid injection and steroid injection to bicipital groove in conjunction with physical therapy. The patient remains point tender in the region of the biceps tenodesis site and extending distally along the bicipital groove. The patient is unable to return to his previous position because of the pain in the right shoulder. The treatment plan was for the patient to receive an arthroscopic exploration and debridement of the bicipital groove with open subpectoral biceps tenodesis to the right shoulder.

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

The Official Disability Guidelines note that biceps tenodesis is recommended as an option for type II or type IV SLAP lesions for patients over the age of 40. The progress note from XX/XX/XX notes the patient has continued right shoulder pain and mild motion deficit as well as a positive impingement sign and Speed's test. There is continued tenderness over the tenodesis site and bicipital groove. However, the MRI demonstrated no acute abnormality and there is no evidence of recurrent full thickness tear. The long head biceps tendon was normally positioned within its groove. There was no indication the patient had a type II or type IV SLAP lesion to warrant a biceps tenodesis. As such, the prior determination is upheld and the request for right shoulder arthroscopic exploration and debridement of bicipital groove, open subpectoral biceps tenodesis is not medically necessary.

***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)