

TIME RECEIVED
July 3, 2024 at 6:11:15 AM PDT

REMOTE CSID

DURATION
615PAGES
14STATUS
Received

From: North Texas Pain Reco Fax: 18172310061

To: TriStarPreAuth

Fax: (562) 506-0355

Page: 1 of 14

07/03/2024 8:00 AM

NORTH TEXAS PAIN RECOVERY CENTER

FAX TRANSMITTAL FOR REQUEST OF PRECERTIFICATION

☒ **INITIAL PRECERT** ☐ **CONCURRENT REVIEW** ☐ **RECONSIDERATION**

PATIENT NAME: Troy Adams **SS#:** 412-41-3577

ADDRESS: 524 Fossil Ridge Rd **CITY, STATE, ZIP:** Decatur, Tx 76234

DOB: 5-24-73 **GENDER:** ☒ **MALE** ☐ **FEMALE** **CLAIM#:** 6850907

COMPENSABLE INJURY: Superior glenoid labrum lesion
of L Shoulder **DOI:** 3-23-19
S43.432D

REQUESTING HEALTHCARE PROVIDER: Dr Walker

PHONE #: (817)478-0095 **FAX #:** (817)478-7628

ADDRESS: 6702 W. POLY WEBB RD **CITY, STATE, ZIP:** ARLINGTON, TX 76016

SPECIALTY: PAIN MANAGEMENT **TAX ID #:** 522242838

ADDRESS ALL PEER REVIEW CALLS TO: Dr Walker

PHONE #: (817)478-0095 **Not to be assigned Peer Review: Dr A Block; Dr B Bolte;**
Dr K Mauro; Dr K Babick; Dr S Ayyar ; Dr S Stewart

EMPLOYER: DFW Airport DPS

ADDRESS: _____

CITY, STATE & ZIP: _____

NAME OF SERVICES: Chronic Pain Management X 80hrs

PROCEDURE CPT CODES: 97799 X 80 hours

REQUESTED DATES OF SERVICE: 7-3-24 thru 9-3-24

***FOR ALL RECONSIDERATIONS – DATE OF ORIGINAL REQUEST FILED:** _____

SENT BY: JS**DATE FAXED:** 7-3-24**PHONE #:** (817)478-0095**FAX:** (817)478-7628

D



February 8, 2024

TriStar Risk Mgmt
VIA FACSIMILE

RE: **Name:** Troy Adams
 Date of Birth: May 24, 1973
 Date of Injury: March 23, 2019

Attention Preauthorization Department:

Please accept this as a request for preauthorization of treatment in an interdisciplinary pain management program for Mr. Adams. Consultation with Mr. Adams's treating doctor has occurred and resulted in agreement that he is not currently a candidate for further invasive treatments, and he has exhausted all appropriate primary and secondary levels of care. The currently proposed treatment will focus on functional restoration rather than pain reduction by addressing physical limitations and de-conditioning in concert with emotional and psychological barriers to recovery. The proposed treatment has been discussed in detail with Mr. Adams and he appears appropriately motivated.

The patient has completed the following primary and secondary levels of care:

Medications
Behavioral Healthcare Counseling
Physical Therapy
Home Exercise Program
Cognitive Head Injury Program

Psychological Test Summary:

Beck Anxiety Inventory-12
Beck Depression Inventory-26
Pain Outcomes Profile-Fear-95; Negative Affect-90
BBHI 2;Functional Complaints-99
Fear-Avoidance Component Scale-91
Pain Disability Questionnaire-125

Pain level on a 1-10 numeric scale:

Averages 4-8

Impaired level of functioning:

The patient's level of pain interferes with many activities of daily living including his ability to work, participate in recreation activities, perform housework and personal care.



● Page 2

The patient meets the following criteria in pain management program guidelines:

His chronic pain is over 6 month's duration with physical findings.

The patient has failed to respond to primary or secondary levels of care.

His pain is not purely psychogenic in origin.

The patient exhibits self limiting pain behavior.

The patient's lifestyle and ability to work have been significantly impaired due to chronic pain.

His pain has persisted beyond the expected tissue healing time.

Psychological barriers to improvement include depression.

He is facing a significant loss of functioning that requires a major physical, vocational and psychological adjustment.

The patient's job demands do not match his physical capacity.

He is not a candidate for further invasive medical treatments.

The Official Disability Guidelines provide the following criteria for general use of multidisciplinary pain management programs:

An adequate and thorough evaluation has been made. Mr. Adams has undergone a thorough evaluation including medical, psychological and physical therapy/functional capacity assessment. Prior to this he has undergone various diagnostic imaging studies.

Previous methods of treating his chronic pain have been unsuccessful. As documented in the most recent evaluations Mr. Adams has undergone numerous treatments which have clearly been unsuccessful based on his current pain complaints and more importantly pain related limitations.

The patient has a significant loss of ability to function independently resulting for chronic pain. The recent Physical Therapy Evaluation results in addition to the other evaluations document specific functional losses associated with Mr. Adams' pain and injury.

The patient is not a candidate where surgery would clearly be warranted. Mr. Adams is not currently a candidate for surgery.

The patient exhibits motivation to change. Mr. Adams's motivation was evaluated in the Behavioral Health Screening Assessment in which he understood the proposed treatment was not curative. At that time he expressed a strong desire to reduce his functional limitations, increase pain tolerance and return to employment. He also appears motivated to reduce his usage and dependency on medication.

Negative predictors of success have been addressed. Considerable time has been spent with Mr. Adams reviewing and addressing various factors found to potentially interfere with treatment.

Mr. Adams meets the pain program treatment guidelines for ODG, ACOEM, Intracorp, Aetna, Medicare, TWCC's former Treatment Guidelines, Texas Association of Accredited Pain Programs, American Academy of Spine Society, and the American Academy of Physical Medicine and Rehabilitation.

Treatment Risk Variables: Mr. Adams's relationship with his employer was explored and appeared reasonably positive with no history of conflict or negative feelings. His pre-injury work adjustment and satisfaction appears adequate. Mr. Adams's expresses a strong desire to return to work although he is quite anxious about his ability to physically perform his typical work duties. Mr. Adams' level of psychosocial distress, pre-referral disability time, opioid use and pre-treatment levels of pain was fully examined and do not appear to be an insurmountable impediment to treatment.

Assessment of Malingering: Evidence of malingering was not obtained in the clinical interview, psychological evaluation, medical evaluation, or physical rehabilitation evaluation. Validity measures utilized in these evaluations were within normal limits.

I am including copies of Mr. Adams' psychological evaluation, medical evaluation, physical rehabilitation evaluation, provisional treatment plan, and the treating doctor's referral to pain management for your review. I am requesting preauthorization of 80 hours of chronic pain management treatment. I believe Mr. Adams exceeds the minimum criteria for determining reasonableness and medical necessity of the requested treatment. If further information or clarification is needed please contact me.


Kenneth N. Walker, Ph.D., Clinical Director



PAIN MANAGEMENT
WORK HARDENING
PHYSICAL THERAPY
COUNSELING
PSYCHOLOGICAL ASSESS.

PSYCHOLOGICAL ASSESSMENT

Name: Troy Adams
Date of Birth: May 24, 1973
Date of Injury: March 23, 2019
Date of Interview: June 26, 2024
Date of Report: July 2, 2024

Assessment Procedures: Clinical Interview
Review of Records
Dallas Pain Questionnaire
Pain Outcomes Profile
Brief Battery for Health Improvement 2
Minnesota Multiphasic Personality Inventory 2RF
Beck Depression Inventory
Beck Anxiety Inventory
Fear-Avoidance Component Scale
Pain Disability Questionnaire

Background Information: Mr. Adams is a 51-year old male, who was referred by his treating physician for an evaluation to assist in determining if he is an appropriate candidate for an interdisciplinary rehabilitation program. Mr. Adams presented with chronic left shoulder pain as the result of a work-related injury. He described his pain as a burning sensation and indicated his typical pain level ranges from a low of 4 to a high of 8 on a 1-10 numeric scale.

Treatment History: Treatments for his current injuries include rest, physical therapy, home exercise program, steroid injections, acupuncture, surgery and medications.

Current Medications: Lyrica, aspirin, atorvastatin, Tizanidine, metoprolol, celecoxib, alprazolam and tramadol.

Medical and Psychiatric History: Mr. Adams's medical history excluding the 2019 injury is positive for hypertension and two myocardial infarctions. Psychiatric history is unremarkable.

Social Support System: Mr. Adams lives alone with his wife who he describes as his primary source of social support.

6702 W Poly Webb Arlington, Texas 76016 Phone 817-478-0095 Fax 817-478-7628



Educational/Vocational History: Mr. Adams received his associate's degree and is employed as a police officer although he is currently not working due to his ongoing pain and limitations.

Alcohol/Substance Use: Mr. Adams denies any use of alcohol, tobacco or any illicit substance.

Functional Status: A review of daily living activities indicated that Mr. Adams's has limitations in his ability to lift, carry, reach or use his left arm. He reports pain interferes with his ability to perform household chores, work and participate in social and recreational activities. Pain coping strategies appear limited to rest and medication.

Psychological/Emotional Status: Mr. Adams presented for his evaluation appropriately groomed and casually dressed. His thoughts were logical, reality-based, and goal-directed. Insight and judgment seemed grossly intact. There was no evidence of overt cognitive impairment. Mr. Adams described his mood as "angry" and acknowledged feeling sad, discouraged, having sleep difficulties, fatigue and decreased libido. He may exhibit a sense of malaise and be distrustful of those around him. His perceived pain related functional impairment is higher than 99% of those in the chronic pain sample. Significant fear of re-injury or further injury is indicated. Mr. Adams perceives himself as physically very fragile and interprets any activity associated with increased pain as harmful. Pain avoidance behavior is very likely. Responses are also suggestive of significant emotional distress including moderate levels of anxiety and depression.

Impressions: Chronic Shoulder Pain
Delayed Recovery
Inadequate Pain Coping Skills
Fear of Reinjury
Pain Avoidance Behavior
Depression/Anxiety

Summary and Recommendations: The current evaluation reveals an individual who continues to experience chronic pain and has substantial pain related functional limitations. Inadequate pain coping skills are noted. Fear of re-injury and self-limiting pain avoidance behaviors are very likely. Additional barriers to recovery include significant emotional distress with moderate levels of anxiety and depression present.

Mr. Adams is an appropriate candidate for an interdisciplinary rehabilitation program that focuses on functional restoration. Treatment goals should include increasing physical functioning, improving his ability to perform physical tasks, as well as increasing strength, mobility, and endurance. In addition, treatment should focus on increasing pain tolerance by pairing education and counseling conducted in concert with physical activities thereby allowing barriers to be effectively addressed. Mr. Adams's motivation for a functional restoration treatment approach was explored and he appeared appropriately motivated verbalizing an understanding that treatment was not focused on pain relief but rather functional improvement, reducing dependency on medication and the healthcare system and return to a more independent lifestyle.



Kenneth N. Walker, Ph.D.

Psychologist

Diplomate, American Academy of Pain Management

Diplomate in Medical Psychology, American Board of Psychological Specialties



FUNCTIONAL CAPACITY EVALUATION

NAME: Troy Adams
DOB: 5/24/1973
DATE OF ACCIDENT: 3/23/2019
PHYSICIAN: Kraig Pepper, DO
DIAGNOSIS: Left shoulder pain
DATE OF EVALUATION: 6/26/2024
START TIME: 1200
STOP TIME: 1400

INTRODUCTION: A 2-hour evaluation was performed in order to gain baseline data. The purpose of the evaluation was explained to the patient who was instructed to give a genuine effort.

HISTORY: This patient is a 50-year-old male who was involved in a work-related injury. The patient reports that he was wrestling with a drunk person while on the job and was tackled by a fellow officer. He reports landing on the left shoulder and arm and now has pain in his neck shoulder and arm. Following the injury, the patient received the following treatments: Physical therapy, MRI, X-ray, surgery 2021 for elbow, Physical therapy, x-rays, MRI, Surgery 12/23 for SLAP tear and RTC, Physical therapy, and EMG. The patient reports complaints of constant pain that is burning and tightening in the neck and shoulder with numbness and tingling in hands. These symptoms are made worse with using the left arm, laying on the left arm. These symptoms are made better with pain medicine, Physical therapy, and ice. On a scale of 0-10 the patient rates their current pain a 4. In the last 30 days, the patient reports their pain is an 8 at worst and a 4 at best. Past medical history includes MI 2017 & 2019, anxiety. Current prescription medications include Lyrica, Aspirin, Atorvastatin, Tizanidine, Metoprolol, Celecoxib, Tramadol, and Alprazolam.

JOB DESCRIPTION: The patient worked for International Airport DFW at the time of the injury. The patient has worked for 14 years at this company as a police officer. The patient is currently Not working due to injury. The patient's vocational goal at this time is to return to work. A job description was obtained from occupationalinfo.org. A job description was obtained from occupationalinfo.org. Job activities Patrols assigned beat on foot, on motorcycle, in patrol car, or on horseback to control traffic, prevent crime or disturbance of peace, and arrest violators: Familiarizes self with beat and with persons living in area. Notes suspicious persons and establishments and reports to superior officer. Reports hazards. Disperses unruly crowds at public gatherings. Renders first aid at accidents, and investigates causes and results of accident. Directs and reroutes traffic around fire or other disruption. Inspects public establishments requiring licenses

to ensure compliance with rules and regulations. Warns or arrests persons violating animal ordinances. Issues tickets to traffic violators. Registers at police call boxes at specified interval or time. Writes and files daily activity report with superior officer. May drive patrol wagon or police ambulance. May notify public works department of location of abandoned vehicles to tow away. May accompany parking meter personnel to protect money collected. According to these physical requirements, this job is ranked in the medium to heavy work category as classified by the Dictionary of Occupational Titles.

Orebro Musculoskeletal Pain Questionnaire (ÖMPQ):

The ÖMPQ is a screening questionnaire that is used to predict the risk of delayed recovery or longer term disability and potential failure to return to pre-injury capacity such as work or daily activity due to personal, social psychological and environmental factors. The patient scored a 161. A score ≥ 114 = high risk for absenteeism, functional impairment, problem severity and high cost.

OSWESTRY FUNCTIONAL QUESTIONNAIRE:

The patient was asked to answer the Oswestry Pain Disability Questionnaire to determine the patient's assessment of their functional status. The patient scored a 54% on the questionnaire, which places them in the Severe disability (40-60) category.

NEUROMUSCULAR EVALUATION:

Posture: forward head carrying left shoulder slightly higher with slight tilt in neck

Active Range of Motion: The patient's active range of motion was measured as follows.

Shoulder	Right (degrees)	Left (degrees)
Flexion	165	100
Extension	60	50
Abduction	165	113
External rotation	80	40

Gait Analysis:

Gait analysis reveals slight decrease in left arm swing and head movement.

Functional Lifting Capacity:

The patient was tested to determine the maximum amount of weight able to lift 1 time from various positions.

Heart Rate Pretest	66 bpm
1. Floor to Knuckle:	45 lbs.
2. 12" from Floor to Knuckle:	50 lbs.
3. Knuckle to Shoulder	17.5 lbs.
4. Shoulder to Overhead	15 lbs.

5. Carry 100 feet: 20 lbs.
Heart Rate Posttest 76 bpm

The patient was instructed in lifting body mechanics and demonstrated fair techniques during lift testing.

STATIC AND DYNAMIC POSTURES AND POSITIONS: Various non-material tests were performed to determine if the patient could perform these tasks on an occasional, frequent or constant basis. The tasks tested and results of the tests are listed below:

TASK	ABILITY
1. Bending	Frequent
2. Lifting	Occasional
3. Carrying	Occasional
4. Pushing/pulling	Occasional
5. Squatting	Frequent
6. Reaching	Occasional

The following static postures were tested during the course of the evaluation:

POSITION	PT REPORT	ABILITY OBSERVED
SITTING	20 minutes	25 minutes
STANDING	4-6 hours	25 minutes
WALKING	4-6 hours	12 minutes
DRIVING	15-20 minutes	Not Observed

CARDIOVASCULAR: A modified Bruce Treadmill test was used to determine cardiovascular endurance. This is a 12-minute treadmill test. The patient's predicted max VO₂ was 28.36 ml/kg/min, which places the patient in the average aerobic capacity for their age group. Resting heart rate was 66 bpm and blood pressure was 137/81.

PHYSICAL EFFORT TESTING:

Maximum Voluntary Effort Test: The patient was tested to determine if maximum voluntary effort is being given. This test uses the Baseline Grip Dynamometer, which measures isometric force in pounds. Each upper extremity will grip the dynamometer 3 times in 5 different settings.

DOMINANT RIGHT HAND	1 st test	2 nd test	3 rd test
Grip setting 1	50	45	52
Grip setting 2	73	75	70
Grip setting 3	65	76	71
Grip setting 4	60	65	64
Grip setting 5	50	53	55

NON-DOMINANT LEFT HAND	1 st test	2 nd test	3 rd test
Grip setting 1	63	65	60
Grip setting 2	70	68	72

Grip setting 3	78	71	65
Grip setting 4	60	58	55
Grip setting 5	52	48	40

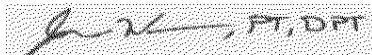
FUNCTIONAL TESTING:

Purdue Pegboard: The patient participated in a non-standard Purdue pegboard test. This test assesses the patient's ability to stand, forward reach and perform fine motor tasks. The patient was able to successfully place 13 pegs on the right, 11 pegs on the left, 22 pegs bilaterally and 9 pegs with stacking.

IMPRESSIONS: The patient presents with average endurance during testing. Moderate to Severe pain behaviors were noted during testing. During testing, the patient appears to be putting forth Maximal effort. Fair body mechanics were demonstrated during most testing procedures. The patient demonstrated the ability to lift 17.5 pounds on an occasional basis from waist to shoulder and 8.75 pounds on a frequent basis from waist to shoulder.

RECOMMENDATIONS AND GOALS:

Based on today's evaluation the patient has demonstrated significant restrictions and limitations but has also displayed good rehab potential. The patient has a history of receiving multiple forms of treatment without significant relief of symptoms or improvement in overall function. Mr. Troy Adams would benefit from an interdisciplinary pain management, functional restoration program that addresses issues related to chronic pain and helps to improve overall functional level by learning coping and pain management skills.



Jon Walker PT, DPT #1323550

North Texas Pain Recovery Center

Pain Management Work Hardening

6702 W. Poly Webb Rd. Arlington TX 76016 817-478-0095 Fax 817-478-7628

Program Accreditation:

The Rehabilitation Accreditation Commission (CARF) American Academy of Pain Management (AAPM)

Name: Troy Adams
Date of Birth: May 24, 1973
Date of Injury: March 23, 2019

TREATMENT PLAN

GOALS *

Improve Pain Tolerance: Mr. Adams will exhibit a 35% decrease in pain as assessed by the patient using a 1-10 pain rating scale. He will exhibit an 85% (midpoint 40%) increase in coping ability as assessed by the patient using a coping rating scale, from 1-10. The patient will show an 80% (midpoint 40%) reduction in pain behaviors, such as wincing, grimacing, sighing, rocking or shifting weight, or clutching or rubbing the affected area, as assessed by the staff via direct patient observation. Mr. Adams will exhibit an 80% (midpoint 40%) reduction in pain focus, such as spontaneous or unsolicited conversation with clinical staff, family, or other patients regarding pain, as assessed by the staff via direct patient observation.

Increase Understanding of Chronic Pain: Mr. Adams will attend at least 90% of psycho-educational classes. He will exhibit an 80% (midpoint 35%) increase in insight and integration of psycho-educational material, measured on a 1-10 scale, and assessed by the staff via direct patient observation. Insight and integration of material shall include: increased understanding of the role of emotions and behaviors in chronic pain and its management; increased verbalizations which express or reflect an acceptance of the chronic nature of the pain or functional limitations.

Increase Activity Level: Mr. Adams will exhibit a 90% (midpoint 30%) decrease in the level of functional disability secondary to pain, as assessed by the patient using the Dallas Pain Questionnaire. He will report a 90% (midpoint 35%) increase in participation in recreational and/or social activities, as assessed by the patient and measured in total number of recreational/social activities per week.

Improve Physical Conditioning: Mr. Adams will increase tolerance for static and dynamic standing, sitting, and walking, as assessed by staff and measured in number of minutes engaged in these activities. He will increase range of motion and flexibility, as assessed by staff and measured in degree/% of normal. He will improve strength and muscle tone, as assessed by staff and measured in pounds lifted.

Reduced Pain Related Emotional Distress: Mr. Adams will report a 75% (midpoint 30%) reduction in symptoms of emotional distress as assessed by the patient and measured using the standardized depression inventories. He will exhibit an improving mood and affect as assessed by the staff via direct patient observation.

Reduce Vocational Uncertainty: The patient will develop a plan to return to work within 10 days. Mr. Adams will develop a plan to become self-supporting within 10 days. He will develop a plan to return to being productive or contributing to support within 10 days.

Reduce Dependency on Medical System: Mr. Adams develop and demonstrate independent pain management skills to reduce dependency on medical support. Pain medication will be reduced utilizing a standardized weaning protocol of 30-50% per week if medically appropriate.

* program goals are initially established based on a 4 to 6 week completion time frame with midpoint goals at 2 to 3 weeks

TREATMENT MODALITIES

Stress Management Training: Mr. Adams will undergo training in stress management to help in his treatment. Utilizing skin temperature biofeedback, Mr. Adams will be trained to become proficient in the use of relaxation techniques to reduce the physiological arousal brought on by stress. He will be trained to use self-hypnosis techniques to reduce the perception of pain, control stress, and promote a more normal sleep pattern.

Individual/Group Counseling: Mr. Adams will be given individual counseling in order to understand and become successful in pain management. Mr. Adams's understanding and integration of the concepts, ideas and techniques of pain management will be assessed. The concepts of loss, acceptance, and recovery will be discussed and reinforced. Mr. Adams will be instructed on pacing activities to achieve optimal physical performance while minimizing the experience of acute pain. Exploration of personal and recreational interests will be encouraged and reinforced. Mr. Adams will be helped to schedule small incremental successes for routine daily activities and responsibilities. The effectiveness of the medications prescribed will be assessed. Family issues related to pain management will be assessed and family counseling will be arranged when necessary. Mr. Adams will be helped in developing strategies such as increasing social interaction, more assertiveness, or more physical exercise and stimulation to cope with anxiety or depression. This will be reinforcement of positive, reality-based cognitive messages that enhance self-confidence and increase adaptive behavior.

Medical Consultation: Mr. Adams's medical consultation will be performed, giving insight about the success of the ongoing treatments. Mr. Adams's medical history and lab reports will be reviewed. Changes in the ongoing treatment of Mr. Adams will be recommended. Medication usage will be reviewed and monitored. Consultation and coordination with all healthcare providers prescribing medication will take place and pain medications and muscle relaxants reduced via a structured elimination protocol if determined to be medically appropriate.

Pain Management Education: Mr. Adams will receive education in pain management, learning pain management techniques aside from medication. How thinking patterns can affect emotions and the perception of pain will be discussed with Mr. Adams. He will be instructed in the use of passive modalities such as TENS unit, galvanic stimulation, and cryotherapy as alternatives to the use of pain medication. He will be instructed in pain management techniques such as refocusing, distraction, cognitive reframing, activity pacing, and ways to modulate physical discomfort and to prevent acute pain onset.

Physical Therapy: Mr. Adams will be provided with physical therapy exercises to further aid in his recovery. Mr. Adams will be provided with exercises for improving strength and muscle tone. He will be provided with a stretching routine which will aid flexibility and increase range of motion. The patient will be given aerobic exercise to enhance cardio-respiratory capacity. Mr. Adams will be helped in developing a home exercise routine.

From: Jax Trevino

Fax: 18176320020

To:

Fax: (817) 478-7628

Page: 2 of 10

06/18/2024 4:28 PM

3/23/2023 10:44:56 PDT

Page 1 of 3



Phone: (214) 341-8770
Fax: (214) 341-1603

Patient ID: PDI1501534000

Patient Name: Adams, Troy

DOB: 24-May-1973

Modality: MR

Exam Date: 22-Mar-2023 9:34 AM

Accession #: 4678055

Referred By: Michael Dan Lopez

Location: SBM_1284

MRI Shoulder Left without Contrast DFW

LEFT SHOULDER MRI WITHOUT CONTRAST

INDICATION: Left shoulder pain, work-related injury

TECHNIQUE: Multiplanar, multisequence MR imaging of the left shoulder was obtained without prior administration of IV or intra-articular contrast. Axial PD fat suppressed, sagittal T2 fat-suppressed and coronal T1, T2 and T2 fat suppressed images were obtained.

COMPARISON: None

FINDINGS:

CORACOACROMIAL ARCH:

The acromioclavicular joint demonstrates early osteoarthritic changes. The acromiohumeral joint space is preserved. The acromion is type II in morphology. The coracoacromial ligament is not thickened. The coracoclavicular ligaments are intact. No os acromiale. The subacromial/subdeltoid bursa is decompressed.

GLENOHUMERAL JOINT:

Marrow signal is preserved. Glenohumeral alignment is within normal limits. No high-grade glenohumeral chondral defect. The joint space is decompressed.

LABRUM:

Thank you for the opportunity to assist in your patient's care.

Corporate Office: 9434 Katy Fwy Ste 408 Houston, TX 77055
www.memorialdiagnostic.com

From: Jax Trevino

Fax: 18176320020

To: JAXTREVINO

Fax: (817) 478-7628

3/23/2023 10:44:33 PM

Page: 3 of 10

06/18/2024 4:28 PM

Page 2 of 3



Phone: (214) 341-8770

Fax: (214) 341-1603

Patient ID: PDI1501534000

Patient Name: Adams, Troy

DOB: 24-May-1973

Modality: MR

Exam Date: 22-Mar-2023 9:34 AM

Accession #: 4678056

Referred By: Michael Dan Lopez

Location: SBM_1284

MR Shoulder Left without Contrast DFW

There is tearing of the superior glenoid labrum extending from approximately 11:00 to 1:00. The biceps labral anchor is intact.

ROTATOR CUFF AND BICEPS TENDON:

There is supraspinatus and infraspinatus tendinosis without tearing. The teres minor and subscapularis tendons are normal in appearance. There is no rotator cuff muscle edema or atrophy.

The intra-articular and extra-articular portions of the long head of the biceps tendon are unremarkable.

OSSEOUS:

There is a benign bone island within the glenoid. No fracture or additional significant osseous abnormality.

GENERAL/SOFT TISSUE:

The soft tissues of the rotator interval and axillary recess are unremarkable, no findings for adhesive capsulitis. No soft tissue mass or fluid collection.

IMPRESSION:

1. Tearing of the superior glenoid labrum extended from approximately 11:00 to 1:00.

Thank you for the opportunity to assist in your patient's care.

Corporate Office: 5434 Katy Fwy Ste 408 Houston, TX 77056
www.memorialdiagnostic.com

From: Jax Trevino

Fax: 18176320020

To: _____

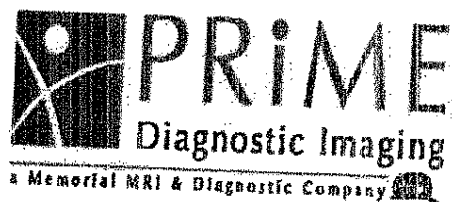
Fax: (817) 478-7628

Page: 4 of 10

06/18/2024 4:28 PM

06/18/2024 10:44:30 PM

Page 3 of 3



Phone: (214) 341-8770
Fax: (214) 341-1603

Patient ID: PDM1501534000

Patient Name: Adams, Troy

DOB: 24-May-1973

Modality: MR

Exam Date: 22-Mar-2023 9:34 AM

Accession #: 4678055

Referred By: Michael Dan Lopez

Location: SBM_1284

MRI Shoulder Left without Contrast DFW

2. Supraspinatus and infraspinatus tendinosis without tearing.
3. Early osteoarthritis of the left acromioclavicular joint.

Michael Davis, M.D.
Board Certified by the ABR
Musculoskeletal Radiologist

Electronically Signed by: Michael Davis, MD, on 23-Mar-2023 12:44 PM

Thank you for the opportunity to assist in your patient's care.

Corporate Office: 9434 Katy Pkwy Ste 408 Houston, TX 77055
www.memorialdiagnostic.com