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Notice of Independent Review Decision

DATE OF REVIEW: 10/16/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Diagnostic Arthroscopy Right Shoulder

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Trauma, Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Diagnostic Arthroscopy Right Shoulder	29826	-	Upheld

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a xx year old male who was working on a boat that was involved in a boating accident on xx/xx/xx. Apparently, the patient was thrown about when the boat struck an oil well rig. He suffered straining injuries and direct blow injuries to both shoulders and his lumbar spine. Evaluation of the lumbar spine injuries has resulted in diagnosis consistent with degenerative disc disease. Epidural steroid injection has been provided and reportedly did not resolve the symptoms. Bilateral shoulder pain has been evaluated. The symptoms appear to be most severe on the right side. Subacromial corticosteroid injections have been provided and have not been reported as successful in relieving symptoms. An MRI scan of the right shoulder was performed on 02/05/07 and revealed degenerative joint disease of the acromioclavicular joint with mild impingement. Neither rotator cuff tear nor rotator cuff tendonitis were identified. Non operative treatment of these shoulder complaints has not been documented other than subacromial corticosteroid injections. Preauthorization to performed diagnostic arthroscopy of the right shoulder has been requested, denied, reconsidered and denied. Independent review has now been requested to reconsider the performance of diagnostic arthroscopy of the right shoulder.

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

The request for the performance of diagnostic arthroscopy of the right shoulder has been submitted and denied. Independent review has been requested. The criteria for the performance of diagnostic arthroscopy

as published in the ODG have not been met. ODG suggests documentation of non operative treatment including a specific physical therapy program, a specific NSAID medication regimen and further non invasive imaging (repeat MRI) prior to considering the performance of diagnostic arthroscopy. The denial of the prior request for the performance of diagnostic arthroscopy was appropriate and should be upheld.

Diagnostic arthroscopy	Recommended as indicated below. Criteria for diagnostic arthroscopy (shoulder arthroscopy for diagnostic purposes): Most orthopedic surgeons can generally determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Shoulder arthroscopy should be performed in the outpatient setting. If a rotator cuff tear is shown to be present following a diagnostic arthroscopy, follow the guidelines for either a full or partial thickness rotator cuff tear. (Washington, 2002) (de Jager, 2004) (Kaplan, 2004)
Surgery for impingement syndrome	Recommended as indicated below. Surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. Since this diagnosis is on a continuum with other rotator cuff conditions, including rotator cuff syndrome and rotator cuff tendonitis, see also Surgery for rotator cuff repair . (Prochazka, 2001) (Ejnisman-Cochrane, 2004) (Grant, 2004) Arthroscopic subacromial decompression does not appear to change the functional outcome after arthroscopic repair of the rotator cuff. (Gartsman, 2004) This systematic review comparing arthroscopic versus open acromioplasty, using data from four Level I and one Level II randomized controlled trials, could not find appreciable differences between arthroscopic and open surgery, in all measures, including pain, UCLA shoulder scores, range of motion, strength, the time required to perform surgery, and return to work. (Barfield, 2007) Operative treatment, including isolated distal clavicle resection or subacromial decompression (with or without rotator cuff repair), may be

considered in the treatment of patients whose condition does not improve after 6 months of conservative therapy or of patients younger than 60 years with debilitating symptoms that impair function. The results of conservative treatment vary, ongoing or worsening symptoms being reported by 30-40% patients at follow-up. Patients with more severe symptoms, longer duration of symptoms, and a hook-shaped acromion tend to have worse results than do other patients. ([Hambly, 2007](#))

ODG Indications for Surgery™ -- Acromioplasty:

Criteria for anterior acromioplasty with diagnosis of acromial impingement syndrome (80% of these patients will get better without surgery.)

1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS

2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night. PLUS

3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS

4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of impingement.

([Washington, 2002](#))

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

ODG