

Notice of Independent Review Decision

DATE OF REVIEW: 8/17/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Shoulder Arthroscopy Distal Clavicle Resection, SAD

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

Certified by the American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	840.0, 726.10	29826, 29824	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physician/Practitioner notes from 8/18/06 to 7/7/09

X-ray/MRI reports dated 7/7/09, 5/21/09

Functional Capacity Evaluation dated 4/29/08

Official Disability Guidelines provided-ODG TWC Shoulder

PATIENT CLINICAL HISTORY:

This xx-year-old female is reported to have injured her shoulder on xx/xx/xx when climbing up a ladder trying to lift up boxes when one fell and she hyper extended her elbow and wrist. She was evaluated by a physician, underwent physical therapy and was unable to return to work. She was evaluated by another physician on 08/18/06. At this time the patient was seen for left elbow pain. She was tender to palpation over the anconeus of the left elbow. She has full range of motion and some pain with resisted extension. The rest of her examination was negative. She subsequently was diagnosed with an anconeus strain to the elbow. She received an injection and was continued in physical therapy.

On the 11/09/06 evaluation, it was noted that the patient has been unable to work because of her injury and has had MRIs of both of these areas. MRI of the elbow is reported to be essentially unremarkable. The shoulder showed some AC joint hypertrophic changes with some impingement and a type II acromial edge but no significant full thickness rotator cuff tears. EMG did not provide any insight. There was some mild carpal tunnel but this is an incidental finding. Left lateral epicondylar release and subacromial decompression was performed on 12/07/06. Post operatively the patient was referred for physical therapy. She is reported to have improved. Records indicate that the patient was returned to regular duty. She underwent a work hardening program on 05/10/07. The patient was released back to regular duty. Records indicate that the patient periodically received chiropractic treatments.

On 05/21/09 the patient was referred for MRI of the left shoulder. This study notes some degenerative changes of the acromioclavicular joint with mild AC joint arthrosis causing mild impingement of the supraspinatus muscle and tendon. There is no fluid in the subacromial subdeltoid bursa. There is a loss of signal height in the highland cartilage without evidence of a cartilaginous defect. A minimal spur formation at the level of the AC joint is seen. There is rotator cuff tendinosis but no definite evidence of a complete rotator cuff tear. There is no tendon retraction or muscular atrophy. There is minimal increased signal noted on the T1 weighted image involving the deltoid muscle. Injury to the deltoid muscle is suspected. There is biceps tendinosis. No significant labral abnormality was seen.

On the 07/07/09 evaluation, it was noted that the patient has previously undergone surgery and the patient reported that her symptoms did not get better with surgery and also spread to the base of her neck on the right side. The patient had undergone a cortisone injection and some physical therapy. The patient complains of 5/10 left shoulder pain which is worse with reaching activities and lifting. On physical examination the patient has good shoulder abduction to approximately 160 degrees. However, she complains of pain with this activity. She has very severe pain and limitation to motion with cross chest adduction. She has pain with internal rotation of the shoulder and tenderness at the acromioclavicular joint. The impression was that the patient has evidence of impingement syndrome and acromioclavicular joint pain a distal clavicle excision was recommended.

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

In the Reviewer's opinion, medical necessity cannot be established for left shoulder arthroscopy, distal clavicle resection and subacromial decompression based on the submitted clinical information. The available medical records indicate that the patient was initially injured on 06/26/06. At this time the patient had predominantly elbow pain which was treated conservatively. She subsequently later reported the development of shoulder pain. She received oral medications, injections and physical therapy without improvement. She was taken to surgery on 12/07/06 and underwent a left lateral epicondylar release and subacromial decompression. Post operatively the patient is reported to be improved. The records suggest that the patient potentially had some self limiting behavior. The patient later sought care from a chiropractic practitioner. Records indicate that the patient received sporadic physical modalities from this provider with no clear documentation of consistent therapeutic treatment. The patient was eventually referred for an MRI of the left shoulder which indicated mild to moderate degenerative changes at the acromioclavicular joint, some rotator cuff tendinosis, biceps tendinosis and abnormal signal seen within the deltoid felt to most likely represent a contusion. The patient subsequently came under the care of another practitioner and she is noted to have reduced shoulder range of motion. The records as submitted do not establish that the patient has had appropriate conservative care. It is noted that in between her initial operation and the evaluation of 07/07/09, the patient had sporadic sessions of chiropractic treatment which may have included some physical modalities but this is not clearly delineated in the notes. The record further indicates that when the patient underwent MRI of her shoulder, there was abnormal signal noted in the deltoid. The ideology of this is unclear however it may represent an intervening injury.

References:

The 2009 Official Disability Guidelines, 14th edition, The Work Loss Data Institute. Online edition.

Shoulder Chapter: 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](#)) A prospective randomised study compared the results of arthroscopic subacromial bursectomy alone with debridement of the subacromial bursa followed by acromioplasty in patients suffering from primary subacromial impingement without a rupture of the rotator cuff who had failed previous conservative treatment. At a mean follow-up of 2.5 years both bursectomy and acromioplasty gave good clinical results, and no statistically significant differences were found between the two treatments. The authors concluded that primary subacromial impingement syndrome is largely an intrinsic degenerative condition rather than an extrinsic mechanical disorder. ([Henkus, 2009](#))

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:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE 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 AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**
- 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 (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**