

Notice of Independent Review Decision

DATE OF REVIEW:

12/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient left shoulder arthroscopic subacromial decompression with Mumford procedure and open biceps tenodesis.

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested procedure (outpatient left shoulder arthroscopic subacromial decompression with Mumford procedure and open biceps tenodesis) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 11/25/09 MCMC Referral
- 11/24/09 Notice To Utilization Review Agent of Assignment
- 11/24/09 Notice To MCMC, LLC Of Case Assignment
- 11/24/09 Confirmation Of Receipt of A Request For A Review
- 11/23/09 Request For A Review By An Independent Review Organization
- 10/21/09, 11/02/09 Notice of Utilization Review Findings letters
- 10/21/09, 11/02/09 letters
- 10/16/09, 10/26/09 Facsimile Transmittal Sheet with note from Orthopedic Specialists
- 10/15/09, 09/17/09, 08/14/09, 07/15/09 office notes, M.D.
- 08/12/09 Progress Report, Physiotherapy Associates
- 07/20/09 Initial Evaluation, PT, Physical Therapy Associates
- 06/18/09 MRI left shoulder, Radiological Association
- 06/11/09 Progress Notes, M.D.
- Undated Patient Information Record, Orthopedic Specialists
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who was reported to have sustained a work-related injury on xx/xx/xx. The injury was the result of a slip and fall on a wet floor. There is no Employer's First Report of Injury in the material reviewed. The first medical was dated xx/xx/xx over five weeks after the alleged injury. The injured individual was evaluated by M.D. who referred him for an orthopedic evaluation. The objectively documented physical findings at that time were consistent with a left shoulder sprain/strain. A physical therapy evaluation performed on 07/20/2009 revealed minimal differences in the injured individual's range of motion compared to his opposite side. He was eventually evaluated by M.D., orthopedic surgeon on 07/15/2009. Treatment rendered included an injection of the shoulder and recommendation for physical therapy. MRI of the left shoulder revealed degenerative osteophyte of the glenoid, no full thickness rotator cuff tear, type 2 acromion, and minimal degenerative arthrosis of the acromioclavicular joint. Dr. recommended the proposed procedure on 10/15/2009.

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

The injured individual is a male who was reported to have sustained a work-related injury on xx/xx/xx in a slip and fall. There is no medical documentation immediately following the injury until over xxxx weeks later. There is no Employer's First Report of Injury in the material reviewed.

There is no clear documentation of what treatment the injured individual has undergone. One physical therapy note documented minimal loss of motion and excellent strength. There is mention of intra-articular injection to the shoulder, but no injection to the acromioclavicular joint. MRI documented minimal degenerative changes of the acromioclavicular joint, but degenerative changes of the glenohumeral joint and no full-thickness rotator cuff tear. The MRI did not show any evidence of significant biceps tendon pathology. The degenerative changes are pre-existing and a "disease of life".

There are no objective physical findings documented in the medical record to support the request for biceps tenodesis as outlined above.

The Official Disability Guidelines (ODG) does not address the distal clavicle resection, but the reported MRI findings do not suggest significant arthrosis and there is no mention of injection to this joint. It has been reported that the injured individual has had physical therapy but there is little documentation present. There is minimal documentation of a trial of NSAIDs. The requested procedure does not meet criteria as recommended by the evidence-based Official Disability Guidelines. Based on documentation injured individual has not had an adequate trial of conservative treatment and does not have significant functional deficits.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines 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)

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)

Surgery for ruptured biceps tendon (at the shoulder): Not recommended except as indicated below. Nonsurgical treatment is usually all that is needed for tears in the proximal biceps tendons (biceps tendon tear at the shoulder). Surgery may be an appropriate treatment option for tears in the distal biceps tendons (biceps tendon tear at the elbow) for patients who need normal arm strength.

(Mazzocca, 2008) (Chillemi, 2007) Ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively,

since there is no accompanying functional disability. Surgery may be desired for cosmetic reasons, especially by young body builders, but is not necessary for function. (Rantanen, 1999)

ODG Indications for Surgery -- Ruptured biceps tendon surgery:

Criteria for tenodesis of long head of biceps (Consideration of tenodesis should include the following: Patient should be a young adult; not recommended as an independent stand alone procedure. There must be evidence of an incomplete tear.) with diagnosis of incomplete tear or fraying of the proximal biceps tendon (The diagnosis of fraying is usually identified at the time of acromioplasty or rotator cuff repair so may require retrospective review.):

1. Subjective Clinical Findings: Complaint of more than "normal" amount of pain that does not resolve with attempt to use arm. Pain and function fails to follow normal course of recovery. PLUS
2. Objective Clinical Findings: Partial thickness tears do not have classical appearance of ruptured muscle. PLUS

3. Imaging Clinical Findings: Same as that required to rule out full thickness rotator cuff tear: Conventional x-rays, AP and true lateral or axillary view. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.

Criteria for tenodesis of long head of biceps with diagnosis of complete tear of the proximal biceps tendon: Surgery almost never considered in full thickness ruptures. Also required:

1. Subjective Clinical Findings: Pain, weakness, and deformity. PLUS
2. Objective Clinical Findings: Classical appearance of ruptured muscle.

Criteria for reinsertion of ruptured biceps tendon with diagnosis of distal rupture of the biceps tendon: All should be repaired within 2 to 3 weeks of injury or diagnosis. A diagnosis is made when the physician cannot palpate the insertion of the tendon at the patient's antecubital fossa. Surgery is not indicated if 3 or more months have elapsed.

(Washington, 2002)