

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: May 20, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Shoulder Arthroscopy and Capsulorrhaphy 29806 and 29826

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

The physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a male who was injured on the job while performing usual job duties on xx/xx/xx when he was removing a package from a pallet and he felt intense pain in his left shoulder. As he was coming down the pallet, he slipped and grabbed the pallet with his left upper extremity causing intense pain. He was evaluated by the company doctor and x-rayed and was later evaluated with the xxxxx and started a physical therapy program. He received two injections to his shoulder under Dr. care and underwent arthroscopic surgery July 13, 2010 repairing labral and bicep tenodesis. Claimant's symptoms continued to wax and wane with no improvement with complaints of left shoulder pain rated 8/10 with consistent pain, popping, discomfort with various movements, soreness and stiffness.

04-05-10: MRI WO Contrast Upper Extremity Joint (Left) interpreted by MD. Impression: 1. Rotator Cuff: There is some trace edema within subacromial subdeltoid bursal space. 2. AC joint: There is moderate AC joint arthrosis. There is moderate mass effect on the underlying supraspinatus muscle and narrowing of the supraspinatus ala. Correlate with external impingement. The acromion is type 1 with generally anteriorly downsloping. 3. Biceps tendon: There is disproportionate amount of fluid around the long head of the biceps tendon compatible with bicep tenosynovitis. There is a small approximately 7-8 mm loose body in the biceps tendon sheath. There appears to be some mild thickening of intra-articular biceps tendon compatible with tendinopathy. 4. Joint fluid: There is a small joint effusion. 5. Labrum: The labrum is suboptimally evaluated on this non-arthrogram study although there appears to be tearing and degeneration of the anterior inferior and inferior labrum. The superior labrum intact. There may be a small subchondral cyst in the inferior glenoid and some focal cartilage loss along the inferior glenoid. 6. Marrow: Some mild edema is noted of the AC joint.

04-09-10: Progress note from xxxxxxxxxxxxxx dictated by, PA-C and MD. The claimant complains of left shoulder pain due to an injury at work on xx/xx/xx while getting products down at work. Left Shoulder: Tenderness to the anterior gleno-humeral.

04-14-10: Progress note from xxxxxxxxxxxxxx dictated by PA-C and MD. The left shoulder was examined. No deformity. Tenderness to the anterior gleno-humeral. Normal range of motion. Positive O'Brien's test. No impingement. Recommendation was made for: arthroscopic slap repair, biceps tenodesis.

04-26-10: Progress note from xxxxxxxxxxxxxx dictated by,MD. The claimant has had x-rays and MRI. The problem interferes with work and interferes with recreational activities. On a scale of 1-10, claimant rates pain as a 6. Left Shoulder: The left shoulder was examined. No deformity. Tenderness to the anterior gleno-humeral. Tenderness biceps tendon. Normal range of motion. Positive O'brien's test. No

impingement.

05-18-10: Progress note from xxxxxxxxxxxx dictated by PA-C and MD. Orthopedic Nursing intake: Patient is here for a follow-up of his shoulder. Patient is complaining of increased shoulder pain with regular daily activities. Patient states that the pain is sharp 8/10 with certain movements of the left arm. Patient denies any improvement of his left shoulder with conservative treatments. Patient denies of any new injury since his work-related injury. Left Shoulder: Active range of motion is limited due to pain, progressive range of motion appear to be grossly intact. Examination is limited due to pain. Tenderness to the anterior gleno-humeral. Tenderness biceps tendon. Positive O'Brien's test. No impingement. Neuro-vascular status normal. Orthopedic Plan – Left Shoulder: This condition will be treated with a cortisone injection. Procedure – Shoulder: Cortisone injection given.

05-26-10: Progress note from xxxxxxxxxxxx dictated by MD. Orthopedic Plan – Left Shoulder: Patient had a left shoulder biceps tendon injection last week. Patient obtained good pain relief for a short while. At this time he still complaining of symptoms with pain at the anterior and lateral aspect of the shoulder. Pain increases with activity. We will continue conservative treatment for another 4 weeks. Patient will have additional physical therapy. Patient can go back to work at this time. If patient is not better at his follow-up visit he will need to have arthroscopic repair of his labral tear and biceps tendon injury which was discussed with the peer review doctor who agreed with the plan.

06-16-10: Progress note from xxxxxxxxxxxx dictated by PA-C and MD. xxxxxxxxxxxx intake: Mr. presents for follow-up on his left shoulder. Patient complains of left shoulder pain. He is still going to physical therapy and voices that he has limited ROM. Does not feel he is improving. Orthopedic Plan – Left Shoulder: Patient states that he still have pain with activities and limited ROM in the left shoulder after cortisone injection and physical therapy. Recommendation was made for arthroscopic labral repair and biceps tenodesis.

07-13-10: Operative Report by MD. Postoperative Disgnosis: 1. Superior labral tear and anterior labral tear, left shoulder. 2. Biceps tenon tear, left shoulder. Procedures: 1. Arthroscopic labral repair, left shoulder. 2. Arthroscopic biceps tenodesis, left shoulder.

07-19-10: Progress note from xxxxxxxxxxxx dictated by PA-C and MD. Left Shoulder: The left shoulder was examined. There is no swelling or deformity. There is no significant tenderness. Incision(s) are well healed. Sensation is normal at all shoulder dermatomes. Distal neurovascular exam is normal. Orthopedic Plan – Left Shoulder: This condition will be treated with an immobilizer and activity modification.

09-13-10: Progress note from xxxxxxxx dictated by Thai Tran, PA-C and MD. Left Shoulder: Active Range of Motion (Constant Score): Forward flexion 91-120=6 points; Abduction 61-90=4 points; External rotation hand behind elbow

forward = 2 points. Orthopedic Plan – Left Shoulder: This condition will be treated with: activity modification, physical therapy, stretching exercise, range of motion exercises.

10-11-10: Progress note from xxxxxxxxxxxx dictated by PA-C and MD. Left Shoulder: Active Range of Motion (Constant Score): Forward flexion 121-160=8 points; Abduction 91-120=6 points; External rotation hand behind elbow forward = 2 points. Orthopedic Plan – Left Shoulder: This condition will be treated with: activity modification, stretching exercises, physical therapy, range of motion exercises, strengthening exercises.

12-06-10: Progress note from xxxxxxxx dictated by PA-C and MD. Left Shoulder: Active Range of Motion (Constant Score): Forward flexion 151-180=10 points; Abduction 121-150=8 points; External rotation hand behind elbow forward = 4 points; Internal rotation to buttock = 2 points. Orthopedic Plan – Left Shoulder: This condition will be treated with: activity modification, stretching exercises, physical therapy, range of motion exercises, strengthening exercises. FCE in 3 weeks.

12-30-10: Initial Evaluation at xxxxxxxxxxxxxxxx dictated by PT, DPT, MTC noted claimant problems list includes pain, myofascial tenderness and tightness in the right shoulder girdle with guarding, decreased right upper extremity flexibility, decreased right shoulder ROM, decreased right shoulder strength, poor postural habits, and limited functional ability. Claimant scored of mild depression and moderate anxiety. FCE noted claimants required PDL functioning at Heavy Physical Demand. Claimant showed several limitations with the following restrictions: lifting 30 lbs, carrying 25 lbs, overhead 15 lbs, pushing and pulling 50 lbs placing him in a PDL Light-Medium physical demand level.

01-05-11: Progress note from xxxxxxxxxxxx dictated by xxxxx, PA-C and xxxx xxxxx, MD. Physical Exam: Shoulder examination demonstrates tenderness to the anterior and superior aspect of the shoulder. Range of motion at the left shoulder is normal. Strength testing demonstrated improved strength in abduction internal rotation and forward flexion. Functional capacity test results demonstrate that this patient is still at a sedentary level.

Plan: Patient will need to have additional work hardening program per recommendations of the functional capacity evaluation. I have ordered 4 weeks of work conditioning for him. Patient will then follow up with me.

01-24-11: Progress note from xxxxxxxx dictated by PA-C and MD. xxxxx xxxxx intake: Mr. presents for follow-up on his left shoulder. Patient wants a cortisone injection. Left Shoulder: Active Range of Motion (Constant Score): Forward flexion 151-180=10 points; Abduction 151-180=10 points, External rotation hand on top head elbow forward =6 points; Internal rotation to L3 = 6 points. Orthopedic Plan – Left Shoulder: This condition will be treated with: a cortisone injection, anti-inflammatory medication, stretching exercises, physical therapy, range of motion exercise, strengthening exercises. Procedure – Shoulder: Steroid injection to the left shoulder subacromial space.

01-31-11: Progress note from xxxxx dictated by MD. Left Shoulder: Active Range of Motion (Constant Score): Forward flexion 121-150=8 points; Abduction 91-120=6 points; External rotation hand behind elbow forward = 6 points; Internal rotation to L3 = 6 points. Orthopedic Plan – Left Shoulder: This condition will be treated with: stretching exercises, range of motion exercises, strengthening exercises. Impairment Rating (%): 5. Date of maximum medical improvement: 1/31/2011.

02-02-11: Report for Medical Evaluation by MD a doctor selected by Treating Doctor ailing in place of the Treating Doctor. Dr. opined the claimant had obtained maximal medical improvement as of 02/02/2011 with a 5% whole person impairment rating.

03-28-11: Initial Medical Report from xxxxx dictated by MD noted on palpatory evaluation revealed tenderness throughout the anterior and posterior shoulder region. ROM is within normal limits with pain. Orthopedic test reveals Codman's Drop Arm, Speed's and Supraspinatus Arc. Recommended a post-op MRI, further evaluation by orthopedist, and physical therapy 3 times a week for 4 weeks.

04-14-11: Report of Medical Evaluation by MD a designated doctor. Dr. opined the claimant had obtained maximum medical improvement on 4/14/2011 and assigned a whole person impairment rating of 7%.

05-09-11: Orthopedic Surgeon Evaluation dictated by MD noted the claimant to have left shoulder impingement syndrome and a superior labral tear as a direct result of his injury on 03/17/10. Recommended a course of physical therapy, with the understanding that if no improvement a left shoulder MRI with contrast should be ordered to resolve the etiology of his persistent symptomatology.

05-11-11: Re-Evaluation by Orthopedic Surgeon MD noted on the Physical Exam to include: Apley's ROM (decreased), Supraspinatus arc, Speeds, and Neers demonstrating decreased AROM with pain. Attendant myofascial trigger points were noted throughout. The claimant described pain as 7 on VAS. Recommended to continue with physical therapy to run concurrently with pharmaceutical intervention 3x's a week for PT.

09-01-11: X-Ray Report by MD of the two views (AP, Scapular Y). The results are summarized as follows: Cartilage Damage: none. Fracture: none. Instability: none. Hardware: none.

09-01-11: Orthopedic Consult from xxxxx dictated by MD noted physical examination the left shoulder the claimant had tenderness over the anterolateral aspect with limited range of motion with abduction of approximately 120 degrees, rating 4/5. He complained of severe pain with cross-chest adduction and limited internal rotation of 65 degrees and external rotation of 60 degrees with severe pain. Positive impingement sign, positive Speed's test with no instability. Review of diagnostic studies: X-ray of left shoulder earlier today revealed subluxation of the humeral head to the glenoid. There were no bony abnormalities noted. Plan of Treatment: Patient continues to remain highly symptomatic postoperatively after

exhausting physical therapy and oral anti-inflammatories with only temporary relief. Requesting postoperative MR arthrogram of claimant's left shoulder. Patient does have mechanical symptoms with popping sensation, which may represent a recurrent bicep tendon tear.

10-03-11: Orthopedic Report from xxxxx dictated by MD noted presentation of continued previous entry of ROM. Positive impingement sign and positive Speed's test noted. Impression: Persistent pain status post left shoulder arthroscopy with labral repair and bicep tenodesis.

11-01-11: UR informed by Peer Review for Managed Care. Reason for Denial: Left Shoulder MRI is not medically necessary. The claimant has persistent mechanical symptoms with popping per the single note from the requesting doctor. There is shoulder pain. There is notation of failure of injection, medication and PT, but the carrier notes indicate no PT since October 2010. There are no injection notes to determine when this was given or the response. There is no documentation of recent conservative care. The MRI arthrogram request includes several codes, which seems to be unbundling of the MRI.

04-04-12: Orthopedic Report from xxxxxx dictated by MD noted positive sulcus sign. Impression: Multidirectional instability, left shoulder. Noted that claimant completed two years of physical therapy, at least two injections and previous arthroscopy in which a bicep tendon tenodesed.

04-17-12: UR performed by MD. Reason for Denial: Diagnosis unclear with no impingement but with signs of possible instability. Noted claimant exhausted PT, medication and injection therapy with no documentation of visits and evaluations with a gap in care between 10/2011 and 04/2012. Therefore, requested service of Arthroscopy and Capsulorrhaphy to the left shoulder denied as not medically necessary or appropriate. Rated instability of recurrence after surgery has been reported as 12% after open repair for anterior instability and 23% after arthroscopic anterior repair. Shoulder instability classified as either traumatic or atraumatic based on mechanism of injury.

04-25-12: Orthopedic Report from xxxxx dictated by MD noted gap in care was due to claimant having issues with getting approval with insurance carrier. Claimant continues to complain of high levels of pain and shoulder seems to be less stable in anterior stressing, diagnosing with multidirectional instability.

05-03-12: UR performed by MD. Reason for Denial: The claimant has experienced ongoing left shoulder pain despite previous surgical intervention. There is a lack of information regarding patient's completion of 6 weeks care prior to a surgical intervention. Additionally, it is unclear if the patient underwent previous diagnostic injections. Updated imaging studies were not submitted following the surgical intervention despite the claimant's ongoing complaints of shoulder pain. Therefore, stated that request for services are not medically necessary or supported.

05-09-12: Orthopedic Report from Orthopedics dictated by MD. Impression: Multidirectional instability, left shoulder. Plan of treatment: The claimant

continues to remain symptomatic. He has exhausted physical therapy, oral anti-inflammatories, and corticosteroid injections with temporary relief. He has exhausted nonoperative treatment and we recommend a left shoulder arthroscopy to evaluate his mechanical symptoms.

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

The request was for a Left Shoulder Arthroscopy and Capsulorrhaphy 29806 and 29826. This request was denied for the following reasons. There is a lack of diagnostic work up and a lack of any shoulder dislocation signs. It is not likely that with the type of injury that the claimant had, which was apparently some kind of a jerking injury with lifting or falling, would likely lead to multidirectional instability. The notes on 1/9/11 by Dr. indicate no instability, but did have a “popping” sensation. On 10/3/11 there is a positive impingement sign that is not particularly of diagnostic of instability and there is a positive speed’s test which indicates bicep tendonitis, but does not have anything to do with instability. There are no signs listed for a multiple directional instability, such as: apprehension, posterior force test, and no evidence of a positive sulcus sign. Surgery is not recommended without a more definitive diagnosis.

Per ODG:

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) For average hospital LOS if criteria are met, see Hospital length of stay (LOS).
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Surgery for shoulder dislocation	<p><u>ODG Indications for Surgery</u> -- Shoulder dislocation surgery: Criteria for capsulorrhaphy or Bankart procedure with diagnosis of recurrent <u>glenohumeral dislocations</u>:</p> <ol style="list-style-type: none"> 1. Subjective Clinical Findings: History of multiple dislocations that inhibit activities of daily living. PLUS 2. Objective Clinical Findings: At least one of the following: Positive apprehension findings. OR Injury to the humeral head. OR Documented dislocation under anesthesia. PLUS 3. Imaging Clinical Findings: Conventional x-rays, AP and true lateral or axillary view. <p>Criteria for <u>partial claviclectomy</u> (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint:</p>
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	<p>1. Conservative Care: At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS</p> <p>2. Subjective Clinical Findings: Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS</p> <p>3. Objective Clinical Findings: Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS</p> <p>4. Imaging Clinical Findings: Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation. (Washington, 2002)</p> <p>For average hospital LOS if criteria are met, see Hospital length of stay (LOS).</p>
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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)**