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Notice of Independent Review Decision

[Date notice sent to all parties]:

April 3, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy RT Shoulder/Rotator Cuff Repair/Biceps Tendon Repair

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

Board Certified Orthopedic Surgeon

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 medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a xx-year-old male. On xxxxxx, he was taken to surgery for a pre-operative diagnosis of right shoulder rotator cuff tear and subacromial bursitis. Procedures performed were right shoulder arthroscopy, arthroscopic subacromial decompression, arthroscopic rotator cuff repair and arthroscopic biceps tenodesis all performed by, MD. On 07/05/2011, PT orders were submitted to, PT. On 09/21/2011, consultation occurred with, MD. This was for right shoulder pain. He stated he had

undergone surgery and complained of a knot in the biceps area and pain radiating up to his shoulder. He reported numbness and tingling in his fingertips with weakness. He stated he was unable to raise his shoulder due to stabbing pain and had undergone physical therapy for 4 weeks. Upon examination, abduction of the right shoulder was less than 90 degrees and forward elevation was less than 90 degrees. He had severe right deltoid atrophy and muscle spasms and pain. Aggressive physical therapy was recommended at that time. On 11/11/2011, a report of medical evaluation was submitted by, MD. Diagnoses included strain and sprain of shoulder, tear of the rotator cuff, supraspinatus, post op status surgical repair, tear of the biceps tear, post op status attempted arthroscopic tenodesis and rule out partial ulnar neuropathy, right extremity. It was determined at that time that the claimant had not reached maximum medical improvement. On 02/01/2012, the claimant was seen back in clinic by Dr.. He still felt a knot in his biceps and weakness and numbness in his right hand. He had been attending physical therapy. Abduction to the right shoulder was 120 degrees and forward elevation was 140 degrees. Resisted abduction strength was 5-/5. He had a Popeye biceps and grip strength weakness was noted. The plan was to continue physical therapy and normalize motion and function of the right shoulder. On 04/03/2012, he was seen back in clinic by Dr.. He had been attending physical therapy and abduction was 110 degrees and forward elevation was 130 degrees. Strength was 5-/5 and he continued to have a Popeye biceps. On 04/13/2012, the claimant was seen back in clinic for another medical evaluation by, MD. It was determined at that time that he was not at maximum medical improvement and that he needed range of motion therapy to the right shoulder. On 07/05/2012, a Post Designated Doctor Required Medical Evaluation Report was

submitted by, RN, describing past medical treatment for this claimant. On 10/11/2012, the claimant was seen by unstated provider at Xxxxx. Page 1 of this report was submitted. This indicates that he continued to have right shoulder pain. It was indicated he was found at maximum medical improvement on
07/25/2012 when he was given a 5% impairment rating. He was also seen for a Designated Doctor Exam 09/10/2012 and was found to be at maximum medical improvement as of 06/12/2012 and was given a 6% impairment rating. The rest of that report was not submitted for this review. On 11/12/2012, the claimant was seen in clinic by, MD. An MRI of the claimant's right shoulder had been performed, but that was not available for Dr. X-rays of the right shoulder demonstrated no evidence of fracture or subluxations on that date. By exam, he complained of popping during certain activities, but was unable to reproduce the pop and demonstrate it on that date. Shoulder abduction was at 100 degrees of active motion but passively he was able to abduct to 130 degrees. External rotation was 90 degrees with internal rotation of 70 degrees. Push-off test was negative. Motor strength was almost normal with abduction and flexion and internal and external rotation. Empty can sign was negative, and there was no gross instability. On 11/21/2012, an MRI of the right shoulder was obtained. This exam revealed a hooked type III acromion and the AC joint was unremarkable. The coracoclavicular ligament was intact. There were defects within the proximal humerus suggestive of a potential anchor suture device and previous rotator cuff surgery for which clinical correlation was recommended. There was evidence of a full thickness tear of the distal supraspinatus tendon beginning near the greater tuberosity of the humerus extending medially. The remainder of the rotator cuff was intact and unremarkable. The long head biceps tendon was intact and in a normal position and there was no displaced tear of the glenoid labrum. There was no subluxation or dislocation of the head of the humerus. No muscle atrophy was noted. The exam was read by, MD. On 01/04/2013, the claimant returned back to, MD, for further evaluation. On exam, he had limited internal and external rotation and had a positive impingement sign, positive lift-off sign, and a positive drop arm test. He had weakness noted on abduction, and empty can test was negative, and there was no instability noted. The MRI was viewed. Due to continue symptomatic complaints and functional limitation, surgery was recommended. On 01/04/2013, manual muscle testing and strength exam of the right shoulder demonstrated decreased strength of the right shoulder relative to the left shoulder. On 02/18/2013, an Adverse Determination Notice was submitted. This indicated that requested service was non-certified. On 02/12/2013, an orthopedic report was submitted by, MD. This indicated that there was a full thickness rotator cuff tear along the distal supraspinatus tendon and his physical exam revealed a Popeye muscle consistent with tear of the biceps tendon. The MRI, however, revealed the biceps tendon to be intact. It was indicated that surgical intervention on 07/01/2011 included arthroscopic biceps tenodesis. Due to the fact that the physical exam revealed a Popeye muscle, it was indicated that the biceps tenodesis had failed. On 02/27/2013, an Adverse Determination was submitted for the requested procedure. On 03/20/2013, a letter was submitted by, Attorney At Law.

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

The Adverse Determination Letter dated 01/18/2013 indicated that the right shoulder biceps repair was not considered medically necessary or appropriate as MRI stated the biceps was

normal. The second Adverse Determination dated 02/27/2013 stated the Guidelines do not recommend biceps tenodesis for a chronic tear and the claimant had already failed this procedure. A chronic biceps rupture would not be reparable at that point and he had failed to improve his shoulder pain with post op PT. Due to the lack of modification discussion, the request was non-certified. Upon review, the initial determination is correct in stating that the MRI did not reveal a tear of the biceps tendon. It did reveal a full thickness tear of the distal supraspinatus tendon. The report indicates that "the long head biceps tendon is intact and in normal position. No displaced tear of the glenoid labrum is identified." As such, the requested procedure including biceps tenodesis was not considered medically necessary. The second review indicated that due to the length of time from date of injury and even including the possibility of a biceps tendon rupture, the length of time between the rupture and going to surgery would be too great to provide a significant potential for repair. Guidelines indicate that chronic tears are not reparable and should not be addressed via surgery. Both adverse determinations are correct in their findings and are supported by the medical records provided.

IRO REVIEWER REPORT TEMPLATE -WC

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

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

ODG Indications for Surgeryä -- 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.