

# Health Decisions, Inc.

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Notice of Independent Review Decision

**[Date notice sent to all parties]:** August 1, 2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

29805 Right Shoulder Diagnostic Arthroscopy

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

04-06-12: Operative report  
06-13-12: Rehabilitation Progress Note  
08-09-12: Rehabilitation Progress Note  
08-10-12: Rehabilitation Progress Note  
08-13-12: Rehabilitation Progress Note  
08-15-12: Rehabilitation Progress Note  
08-16-12: Rehabilitation Progress Note  
08-20-12: Rehabilitation Progress Note  
08-22-12: Rehabilitation Progress Note  
08-24-12: Rehabilitation Progress Note  
02-21-13: Workers Comp Office Visit  
03-11-13: Arthrogram Shoulder  
03-11-13: CT Scan Right Shoulder w/ contrast  
03-18-13: Workers Comp Office Visit  
03-28-13: Arthrogram Shoulder  
03-28-13: MRI shoulder RT W/JT W/C only

04-05-13: Workers Comp Office Visit  
05-13-13: EMG/NCV Studies interpreted  
06-07-13: Workers Comp Office Visit  
06-13-13: UR performed  
06-26-13: Letter to Independent Reviewer  
07-10-13: UR performed

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female, who reported sustaining a work-related injury on xx/xx/xx. The records she provided do not denote the mechanism of injury. She was diagnosed with rotator cuff syndrome.

April 6, 2012, Operative Report, Postoperative Diagnosis: 1. Impingement syndrome. 2. Type II SLAP tear. 3. Joint Synovitis. 4. Adhesions. 5. Partial rotator cuff tear. Procedure Performed: 1. Right shoulder diagnostic arthroscopy with subacromial decompression and acromioplasty. 2. Debridement of SLAP tear. 3. Joint synovectomy. 4. Removal of adhesions. 5. Microtenotomy rotator cuff. 6. Arthroscopic rotator cuff repair using amniotic membrane allograft.

February 21, 2013, the claimant had a follow up evaluation and reported having pain run down her arm and her hand was getting numb. On physical examination, ROM: active forward elevation significantly less than passive, right positive drop arm test. Strength Testing: 2/5 all RTC groups. Impingement sign positive, tender over the bicipital groove, and tenderness subacromial space, tenderness over proximal humerus. Assessment: Rotator cuff syndrome NOS. Plan: Recommended CT arthrogram to evaluate rotator cuff tear; refer for eval of hand pain.

March 11, 2013, Arthrogram Shoulder, Impression: Successful dilute Omnipaque injection into the right shoulder joint using fluoroscopic guidance.

March 11, 2013, CT Scan Right Shoulder with Contrast, Impression: 1. Slightly irregularity of the Anterior-inferior labrum with small cleft suggesting possible small anterior labral tear. 2. Degenerative changes in the posterior labrum with probable small degenerative tear. 3. Tiny cleft in the superior labrum. Differential considerations include tiny SLAP lesion versus sulcus. 4. Rotator cuff tendons appear to be intact.

March 18, 2013, the claimant had a follow up to discuss CT Arthrogram of Shoulder. Plan: Recommend a MR Arthrogram as suggested by radiologist. The claimant was also informed that if she wanted to pursue hand injury she would need to request a BRC to determine compensability.

March 28, 2013, Arthrogram Shoulder, Impression: 1. Technically successful right shoulder arthrogram.

March 28, 2013, MRI Shoulder RT W/JT W/C, Impression: 1. Tear with probable degeneration of the posterior superior, posterior and posterior inferior labrum. 2.

Mild supraspinatus tendinopathy and articular surface graying without tear. No rotator cuff tear is visualized. 3. Acromioclavicular degenerative joint disease.

April 5, 2013, the claimant had a follow up evaluation for continued pain with overhead motion. It was noted she had significant PT without relief and she reported she cannot get a cortisone injection because she is deathly afraid of needles and has a "fight or flight" syndrome if she sees a needle. On physical examination ROM: active forward elevation significantly less than passive, right positive drop arm test. Strength Testing: 3/5 all RTC groups, breakaway weakness was present on testing. Palpation: Impingement sign positive, tender over the bicipital groove, tenderness subacromial space, tenderness over proximal humerus. Assessment: SUP Glenoid Labrum Lesion. Plan: Recommended arthroscopy.

May 13, 2013, EMG/NCV, Impression: The NCV resulted with abnormal latencies of the Median sensory nerves at the wrists bilaterally indicate a possible compressive demyelination process, which is consistent w/ entrapment (CTS) and/or trauma at this time.

June 7, 2013, the claimant had a follow up evaluation for continued pain, especially with overhead motion. No change on physical examination. Plan: The patient has tried conservative treatment s/p arthroscopy; her MR Arthrogram shows a torn labrum; she cannot get a cortisone injection due to her "fight or flight" syndrome when she sees a needle; recommend diagnostic arthroscopy: pt understands and agrees.

June 13, 2013, performed a UR. Rationale for Denial: The Official Disability Guidelines state that diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. The provided imaging studies were not inconclusive and documented degenerative changes to the labrum, including small tears in the posterior, superior and inferior labrum as well as in the anterior labrum, but no mention of involvement of the strictly superior portion of the labrum, which would be consistent with a SLAP lesion. Additionally, the imaging studies noted that the rotator cuff was intact. Additionally the 2 studies note the rotator cuff is intact. Failure of conservative care was indicated in the most recent report, which was noted to include failure of physical therapy and failure of the home exercise program. Physical exam findings suggest rotator cuff pathology, however no support is provided by the diagnostic imaging of the rotator cuff deficit. The claimant has a phobia of needles. A subacromial injection would be the logical next choice for the claimant. A home-based exercise program to address the current deficits was not noted. Given the global weakness of the entire rotator cuff complex, it is unclear what this will add in the presence of the diagnostic imaging. Based on these factors, the request for right shoulder diagnostic arthroscopy is not certified.

July 10, 2013, performed a UR. Rationale for Denial: Based on the treatment guidelines, a diagnostic arthroscopy is support in individuals whose imaging

studies are inconclusive with acute pain and functional limitation despite conservative care. Although the claimant is noted to have reportedly undergone conservative treatment, lower levels of conservative care have not been exhausted. The claimant has not undergone a corticosteroid injection and although fight or flight response is documented, this does not negate the necessity of trying lower levels of conservative care such as an injection prior to surgical intervention. It should also be noted that the imaging studies were not inconclusive and were conclusive that the claimant has some degenerative changes of the labrum, but no other significant findings such as a rotator cuff re-tear. The physical examination findings are rather extensive and other causes of pain should be ruled out prior to resorting to another surgical intervention. The claimant is noted to have 3/5 strength with testing of all the rotator cuff, which is not consistent with the imaging study findings. The claimant has tenderness to palpation of the bicipital groove and the subacromial space as well as the proximal humerus. At this time, surgical intervention does not appear to be medically indicated. It does not appear that the treating provider has provided any additional information following the last non-certification that would result in an overturn of the previous non-certification. Lower levels of conservative care consisting of an attempt of an injection into the glenohumeral space and aggressive participation in a self-directed home-based exercise program would be supported at this time.

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

The previous adverse determinations are upheld. The claimant underwent right shoulder diagnostic arthroscopy with subacromial decompression and acromioplasty, debridement of SLAP tear, joint synovectomy, removal of adhesions, microtenotomy rotator cuff and arthroscopic rotator cuff repair using amniotic membrane allograft on April 6, 2012. The claimant continued to have pain, especially with overhead motion. Most recent physical exam found the claimant to have restricted range of motion and a right positive drop arm test. Strength was measure to be 3/5 in all right upper extremity groups and breakaway weakness was present on testing. There was also positive impingement sign, tenderness over the bicipital groove, subacromial space, and over proximal humerus. MRI following arthrogram on March 28, 2013, revealed a tear with probable degeneration of the posterior superior, posterior and posterior inferior labrum, mild supraspinatus tendinopathy and articular surface graying without tear, no rotator cuff tear was visualized and acromioclavicular degenerative joint disease was present. Per ODG, Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. In this case, imaging is not inconclusive, there for the request for 29805 Right Shoulder Diagnostic Arthroscopy is not found to be medically necessary.

**PER ODG:**

Diagnostic arthroscopy	Recommended as indicated below. <b>Criteria</b> 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
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	<p>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. (<a href="#">Washington, 2002</a>) (<a href="#">de Jager, 2004</a>) (<a href="#">Kaplan, 2004</a>)</p> <p>For average hospital LOS if criteria are met, see <a href="#">Hospital length of stay</a> (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)