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Notice of Independent Review Decision

Date notice sent to all parties: 01/24/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right shoulder arthroscopy with rotator cuff repair and biceps tenodesis

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

Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

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

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

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Right shoulder arthroscopy with rotator cuff repair and biceps tenodesis - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

MRIs of the left knee and right knee dated 02/02/11
Right shoulder MRI arthrogram dated 04/08/11
Operative report dated 11/21/11
Rehabilitation therapy note dated 11/21/11
Reports dated 09/18/12 and 11/20/12

X-ray reports dated 09/18/12
MRI of the right shoulder dated 10/24/12
Surgery reservation sheet dated 11/30/12
Complete preauthorization rationales dated 12/05/12 dated 12/28/12
Preauthorization determinations dated 12/06/12 and 12/31/12
Fax dated 12/28/12
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

A right shoulder MRI arthrogram on 04/08/11 revealed minimal bursitis and mild to moderate AC joint arthrosis. There was a minimal cortical impaction fracture of the greater tuberosity suspected with minimal marrow edema in the underlying subcortical bone. A high grade partial thickness articular surface tear of the posterior supraspinatus and anterior infraspinatus tendons was present overlying a small cortical impaction fracture. performed arthroscopically assisted right rotator cuff repair and subacromial decompression on 11/21/11. examined the patient on 09/18/12. He was noted to be xx -years-old. He still had persistent right shoulder pain and could not sleep on his right side due to the pain. Right shoulder flexion was 0 to 115 degrees versus 5 to 110 degrees on the left. He had a positive impingement sign. X-rays on the right an elevated humerus. A new MRI was recommended. A new MRI was performed on 10/24/12 and revealed mild degenerative changes of the AC joint and susceptibility artifact overlying the greater tuberosity consistent with prior surgery. There was a 1 cm. partial thickness tear along the articular surface of the distal supraspinatus tendon. A small shoulder joint effusion was noted. reexamined the patient on 11/20/12. The MRI was reviewed. The impressions were partial thickness rotator cuff tear of the right shoulder and probable biceps subluxation. Right shoulder surgery was recommended at that time. On 12/05/12 provided his complete rationale for the preauthorization, on 12/28/12. On 12/06/12 and 12/31/12, provided an adverse determination for the requested right shoulder arthroscopy with rotator cuff repair and bicep tendinosis.

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

The patient is a male who was reported to have sustained an occupational injury on xx/xx/xx as a result of a slip and fall. on 11/21/11, performed a right shoulder arthroscopy with subacromial decompression and rotator cuff repair. The patient has subsequently sought another opinion on 09/08/12. has only seen the patient two times (09/18/12 and 11/20/12) based on the documentation reviewed. A repeat MRI scan on 10/24/12 documented only a partial thickness supraspinatus tear and no full thickness tears. has subsequently recommended a repeat right shoulder arthroscopy with rotator cuff repair and biceps tenodesis. denied the request on initial review on 12/06/12. His denial was upheld on reconsideration/appeal. Both reviewers were unsuccessful with attempts at a

peer-to-peer discussion. Both reviewers cited the lack of the requested procedure meeting the criteria as outlined by the ODG.

The evidence based ODG in particular notes that revision of rotator cuff repairs is inferior to primary repair. While pain relief may be achieved in most patients, selection criteria should include patients with intact deltoid origin, good quality rotator cuff tissue, preoperative elevation above the horizontal, and only one prior procedure (Djurasovic, 2001). Patients with workers' compensation claims have worse outcomes after rotator cuff repair (Henn, 2008). There is insufficient evidence to suggest efficacy in operative or non-operative treatment of rotator cuff tears in patients over the age of 60 (Downie, 2012). This patient does not have elevation above the horizontal, he is older than 60 years, and the medical documentation does not define the quality of the rotator cuff tissue.

The ODG indications for rotator cuff repair: Criteria for rotator cuff repair with diagnosis of full thickness rotator cuff tear and cervical pathology and frozen shoulder syndrome have been ruled out: 1) Subjective Clinical Findings: Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. PLUS; 2) Objective Clinical Findings: Patient may have weakness with abduction testing. May also demonstrate atrophy of shoulder musculature and usually has full passive range of motion. PLUS; 3) Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary views and gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficiency in rotator cuff.

The repeat MRI does not document a full thickness rotator cuff tear. The medical documentation submitted for review does not meet an adequate trial of conservative care, as outlined in the ODG criteria.

The ODG criteria for tenodesis of the long head of the biceps include young adults with evidence of incomplete tear. Criteria: 1) Subjective Clinical Findings: Complaint of more than normal amount of pain that does not resolved with attempt to use arm. Pain and function fails to follow the 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 views and gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficiency in rotator cuff.

The patient is xx -years-old and there is no evidence of an incomplete tear or subluxation in the documentation reviewed. The material reviewed from the requesting physician is sparse and does not support or meet the criteria as outlined by the evidence based ODG. Therefore, the requested right shoulder arthroscopy with rotator cuff repair and biceps tenodesis is not reasonable or medically necessary and the previous adverse determinations should be upheld at this time.

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)**