

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: August 1, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Shoulder Arthroscopy, Rotator Cuff Repair

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

This 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx. He felt and heard a pop in the left shoulder. The claimant does have a history of prior shoulder dislocation.

On November 14, 2013, the claimant presented with burning, aching pain in his left shoulder, rated 4/10. He reported his arm goes numb at 90 degrees while driving. He stated that the pain was worse with any activity and better if he was "basically doing nothing". He tried antiinflammatories, muscle relaxers and narcotics that were given to him at Center without much relief. On physical examination he had some decreased cervical rotation. He had spasm in the left trapezius. He had pain with drop arm and weakness with Speed's. He had pain with cross arm. He did have some bicipital tenderness. Active range of motion with flexion and abduction to 108. Passively, good internal and external range of motion, however, pain with external range of motion. Sensation was intact to light touch distally. X-rays taken in office showed some mild acromioclavicular

osteoarthritis. Type 1 to 2 acromion. Some mild glenohumeral osteoarthritis. Impression: 1. Impingement of the left shoulder. 2. Some bicipital tendinitis with some rotator cuff tendinitis. Plan: Conservative therapy such as continuing with the antiinflammatories, adding some glucosamine, and doing some formal physical therapy. Procedure: A shot of cortisone was given to the left shoulder under sterile technique with no complications.

On January 9, 2014, MRI of the Left Shoulder, Impression: Partial rotator cuff tear supraspinatus tendon. Advanced tendinosis signal infraspinatus tendon without definitive rotator cuff tear. Degenerative changes acromioclavicular joint.

On January 20, 2014, EMG/NCV of the left upper extremity, Conclusion: 1. Abnormal study. 2. There is electrodiagnostic evidence suggestive of a left mild median mononeuropathy at the wrist with both demyelinating and axonal features. 3. There is electrodiagnostic evidence suggestive of a left ulnar mononeuropathy at the elbow with predominantly demyelinating features. 4. There is no electrodiagnostic evidence suggestive of a left cervical radiculopathy, plexopathy, or myopathy.

On January 23, 2014, the claimant presented with pain rated 7/10. He reported there was no help in regards to physical therapy and injection. He actually felt it may have made the shoulder worse. He was unable to lift the arm over the head. He was still getting numbness down the arm. On physical examination he had decreased cervical range of motion. Decreased active range of motion with flexion and abduction still only to about 95 degrees. Sensation was decreased to light touch distally. Impression: 1. Impingement of the left shoulder with a partial rotator cuff tear. 2. Mild carpal tunnel syndrome. 3. Ulnar neuropathy. 4. Cervical radiculopathy. 5. Plexopathy and myopathy. Plan: MRI cervical spine, wrist brace as well as a posterior night splint for the carpal tunnel syndrome.

On February 3, 2014, MRI of the Cervical Spine, Impression: Solid fusion C5 and C6 vertebral bodies. Spondylosis C3-4 and C4-5 cause mild spinal cord flattening. No abnormal spinal cord signal. Significant neural foraminal narrowing C4-5.

On February 13, 2014, the claimant presented who performed a cortisone injection into the rhomboid area of the left shoulder near the scapula with no complications.

On March 17, 2014, the claimant presented with ongoing left shoulder pain rated 3/10, but increases with activity. He did report the trigger point injection was of minimal help. He was still having numbness in the hands. He was unable to do any overhead activities and unable to lift very heavy loads. On physical examination he had decreased active range of motion of the cervical spine and left shoulder. Positive Tinel and Phalen sign. Plan: Left shoulder diagnostic arthroscopy and palpable subacromial decompression.

On June 5, 2014, UR. Rationale for Denial: The patient has a late xxxx injury from an unknown mechanism, and although there is discussion of physical therapy, chiropractic treatment, and acupuncture, extent and duration of conservative treatment specifically for the left shoulder has not been discussed. The most recent 3/20/14 progress note requested arthroscopy with subacromial decompression, however, the official request is for rotator cuff repair. Imaging did not reveal a full thickness tear, and there are few clinical findings of the left shoulder on physical examination. Range of motion was noted to be restricted, however ranges were not documented. There were no documented provocative maneuvers, and no documentation of the subacromial injection. ODG generally recommends rotator cuff repair for patients who have evidence of a full thickness tear, as well positive clinical findings. This guideline criteria is not met, and the request is not substantiated.

On June 11, 2014, the claimant presented for ongoing left shoulder pain with symptoms on a daily basis. He stated he was unable to do activities of daily living due to the pain. Pain was rated 5/10 and made worse with any activity. He noted it was increasingly painful with any overhead activity. On physical examination he only had forward flexion to about 100 degrees with about 95 degrees of abduction. Pain with active and passive range of motion. He did have a positive impingement sign. He had weakness with testing of the supraspinatus muscle. He had decreased external rotation to only about 30 degrees. He did have full internal rotation. He had weakness with external rotation. He had a positive Speed test and tenderness to his biceps tendon. Plan: Because conservative treatment had failed, recommended diagnostic arthroscopy for debridement and subacromial decompression.

On July 3, 2014, UR. Rationale for Denial: Based on current Guidelines, the requested surgery would be denied at this point pending further documentation or peer to peer review regarding the type of conservative treatment which has been directed solely at the shoulder. It is also unclear based on clinical documentation with regard to the subjective clinical findings and whether or not this would qualify based on current Official Disability Guidelines in regards to a partial rotator cuff tear. It is documented in these criteria that 80% of these patients will get better without surgery. There is no evidence of any significant weakness, or absence of abduction on exam and it is unclear what the range of motion is at this point.

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

The previous adverse determinations are upheld. MRI on January 9, 2014, did show a partial rotator cuff tear supraspinatus tendon. Clinical findings did include pain with drop arm and weakness, plus flexion and abduction to 95 degrees. However, there was no documentation of conservative care directed to the shoulder submitted for review. There was also no documentation of other subjective and clinical findings as outlined by ODG. Therefore, the request for Shoulder Arthroscopy, Rotator Cuff Repair is not found to be medically necessary at this time.

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).

DG Indications for Surgery™ -- 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. 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 deficit in rotator cuff.

Criteria for rotator cuff repair OR anterior acromioplasty with diagnosis of partial thickness rotator cuff repair OR 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 (Tenderness over the greater tuberosity is common in acute cases.) 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 deficit in rotator cuff.

([Washington, 2002](#))

For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).

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)**