

Vanguard MedReview, Inc.

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Notice of Independent Review Decision

February 3, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Shoulder Arthroscopy with Subacromial Decompression and Debridement as Outpatient.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

07/11/2013: Progress Note
07/24/2013: Progress Note
08/12/2013: Progress Note
09/06/2013: Progress Note
09/10/2013: PT Evaluation
09/11/2013: Progress Note
09/17/2013: PT Quick Note
09/23/2013: PT Quick Note
09/27/2013: PT Quick Note
10/02/2013: PT Quick Note
10/04/2013: PT Quick Note
10/08/2013: PT Quick Note
10/10/2013: PT Re-Evaluation
10/17/2013: Consultation Visit

10/22/2013: MRI Right Shoulder
10/28/2013: Office Visit
11/12/2013: Office Visit
11/21/2013: UR
12/10/2013: UR
01/03/2014: Office Visit
01/09/2013: Progress Note

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who sustained a work related injury to her bilateral shoulder on xx/xx/xx. She complained of shoulder pain. She denies any trauma, no radicular pain and no associated paresthesias.

07/11/2013: Progress Note. **Physical Examination:** Right shoulder tender to palpation soft tissue anterior and posterior of the acromion process and trapezius, no rotator cuff tenderness, full ROM, negative apprehension test, negative drop arm test, 5/5 muscle strength. Left shoulder tender to palpation posterior deltoid and trapezius, full ROM, negative apprehension test, negative drop arm, no rotator cuff tenderness, 5/5 muscle strength. **Plan:** Biofreeze TID, consult for home exercise, continue Motrin for other issue as directed, MDR, follow up in one week or after break. RTC sooner symptoms increase.

07/24/2013: Progress Note. It was noted some improvement in left shoulder, but pain persists in right shoulder. **Physical Examination:** Right shoulder is tender at the anterior and posterior aspects. No sub-acromial etiology. Mild right A/C tenderness. Left shoulder with noted posterior pain latissimus dorsi tenderness without signs of disruption. No drop arm or apprehension noted. Once again appears to be complaints of multiple myalgias. **Assessment:** Mild Bilateral pain in joint; shoulder region stable 719.41 **Plan:** Hot or cold packs therapy **Medications:** Azelastine Nasal Aerosol, spray 137 mcg, Celebrex Oral Capsule 200 mg

08/12/2013: Progress Note. Patient is working without restrictions and states by overtime she is hurting. She has completed therapy and is working actively. **Physical Examination:** Active supination and pronation, mild finklestiens exam right. Negative neers and Hawkins exams of the shoulders. No laxity noted, no shoulder instability noted. Mild myalgias to the dorsal superior trapezoid muscle. Multiple myalgias of by lateral upper extremities. No bursitis noted, no erythema or ecchymosis noted. **Assessment:** Enthesopathy of unspecified site 726.90, sprains and strains of shoulder and upper arm; unspecified site of shoulder and upper arm 840.9

09/06/2013: Progress Note. It was noted she still has pain with certain movements in the right shoulder and that the left shoulder was better with only occasional pain. **Physical Examination:** Right shoulder has mild tenderness to palpation of the soft tissue over the acromion, full ROM, no rotator cuff tenderness, negative apprehension test, negative drop arm test

09/10/2013: PT Evaluation. **Assessment:** She presents with signs and symptoms consistent with Physical Therapy diagnosis of bilateral shoulder teres minor tendonitis, R>L, with possible labral involvement on the right. The subjective and objective deficits per above have led to a decline in the patient's ADL/functional performance. As a result the patient would benefit from skilled Physical Therapy services and has good rehab potential. **Plan:** Patient instructed to attend physical therapy 3 times per week for 2 weeks or until goals have been achieved.

09/11/2013: Progress Note. Patient complained of increased pain while on her pitch this morning. She displayed frustration with her company for continuing to keep her working at the physical level. **Plan:** Add New QHS Narco 7.5/325mg, restricted duties, begin therapy.

10/10/2013: PT Re-evaluation. Patient completed 6 sessions of PT. **Assessment:** Patient has made fair progress since the SOC. She has made small gains in AROM and strength. However, the level of inflammation that persists since she moved from full time to off duty is higher than would be expected. Her pain levels have decreased from 4/10 on average to 2-3/10 on avg and from 7/10 at worst to 4/10 at worst. Continued impaired postural awareness and decreased parascapular strength, allowing for continued stress to RC muscles. Patient presents with signs and symptoms consistent with the physical therapy diagnosis of B shoulder pain with impingement symptoms and RC tendonitis. The subjective and objective deficits per above have led to a decline in the patient's ADL/functional performance. As a result, the patient would benefit from skilled physical therapy services and has fair rehab potential.

10/17/2013: Consultation Visit. Patient presents with complaint of throbbing bilateral shoulder pain. The pain scale at rest is 2/10, more pain with overhead reaching. **Physical Exam:** Bilateral shoulders are negative for asymmetry of the AC joint, muscle wasting, high riding outer clavicle, winging of the scapula, swelling, skin discoloration, tenderness at the AC joint, tenderness at the anterior aspect of the shoulder joint, temperature changes, deformities, glenohumeral translation, apprehension test, relocation test, O'Brien's test, Yergason's test, speed's test, lift-off test, and crepitus. Exam was positive for impingement sign. Joint motion: forward elevation: R-160, L-160; Abduction: R-140, L-140; ER: R-70, L-70; IR: R-L3 level, L-L3 level. **Diagnosis:** 1. Sprain shoulder. 2. Rotator cuff syndrome. 3. Shoulder region DIS OT. **Assessment:** In my opinion, patient's history and physical examination and imaging findings are consistent with work related bilateral shoulder sprain, possible rotator cuff tendonitis/subacromial impingement. **Plan:** Will obtain MRI to complete evaluation.

10/22/2013: MRI Right Shoulder. 1. Acromion anomaly and spurring associated with impingement 2. Subacromial subdeltoid bursitis 3. Articular surface tear posterior glenoid labrum with tear versus variant anatomy of the anterior glenoid labrum.

10/28/2013: Office Visit. **Assessment:** In my opinion, patient's history and physical examination and imaging findings are consistent with work related bilateral shoulder sprain, rotator cuff tendonitis/subacromial impingement. Treatment options are NSAIDs, physical therapy, orthotics, steroid injection and surgery. The patient wanted to have steroid injection. **Procedure Note:** Right shoulder was injected with a .5% Marcaine 4 ml mixed with 40 mg-1 ml Kenolog into the subacromial space.

11/12/2013: Office Visit. **Plan:** In my opinion, the patient will benefit from right shoulder arthroscopy with subacromial decompression, debridement (CPT's: 29822, 29826, 64418). The relevant benefits, risks, complications were discussed with the patient. Patient would like to have surgery.

11/21/2013: UR. Rationale for Denial: The progress note indicated a bilateral shoulder injury secondary to repetitive use. Treatment to date included activity modifications, nonsteroidal medications, shoulder injections and physical therapy. There were ongoing complaints of shoulder pain. The physical examination noted a slightly decreased shoulder range of motion and a positive impingement sign. An MRI of the shoulder noted less than 50% coverage of the humeral head. An impingement syndrome was noted. Based on the MRI demonstrating significant degenerative changes, and no noted rotator cuff lesion, and that the radiologist feels that "variant anatomy cannot be excluded" there is no clinical indication presented to support surgical intervention for this pre-existing ordinary disease of life.

12/10/2013: UR. Rationale for Denial: The previous noncertification was reviewed and based on the fact that the claimant was noted to have pre-existing ordinary diseases of life with no abnormality appreciated in the tendons of the rotator cuff. The treating provider has not provided any additional information that would result in overturning previous noncertification. Based on treatment guidelines, surgical intervention for impingement syndrome is only supported if there has been 3 to 6 months of conservative treatment with physical therapy, anti-inflammatory medications. There must also be physical examination findings of a painful arc of motion. No physical therapy progress notes are included in the medical records to support that there has been an adequate attempt at physical therapy. The physical examination findings are minimal, documenting only positive impingement maneuvers. The MRI study documented no abnormality of the tendon to support the medical necessity of a subacromial decompression. The reconsideration request for a right shoulder arthroscopy with subacromial decompression and debridement is noncertified.

01/03/2014: Office Visit. Patient presented with bilateral shoulder pain and limited function, still symptomatic. It was also noted she was status post right-carpal tunnel release and doing well, improving with therapy. **Plan:** continued to recommend right shoulder arthroscopy with subacromial decompression, debridement.

01/09/2013: Progress Note. She presented with pain in both shoulders deep in the joint with overhead motions and reaching motions. She has pain with lifting even the weight of her truck. She does not have any swelling or redness and has no instability or dislocation symptoms. **Physical Examination:** Right shoulder: No tenderness to direct palpation over the biceps notch or AC joint. No sulcus sign was observed. Passive range of motion and joint mobility were normal. ROM: ER to C7 vice C7 in the contralateral arm with pain, IR to T10 vice T10 in the contralateral arm with pain, Overhead ROM to 170 degrees and no "drop sign" was observed, Forward extension to 170 degrees and symmetric. Rotator cuff testing: Supraspinatus: 5/5, Deltoid: 5/5, Infraspinatus/Teres Minor: 5/5, Subscapularis: 5/5. Neer's test for impingement was negative, Hawkins test for impingement was negative, "open Can" test was negative, Apprehension test was negative, Yergason and Speed's maneuvers for biceps tendonitis were negative. Both shoulders had significant pain during ROM testing especially internal and external rotation. **Assessment:** Sprains and strains of the shoulder an upper arm. By my exam today she has acceptable function in both shoulders but clearly has pain with motion. She is pending surgery and would be unsuited right now to return to full duty. I'll continue overhead and forward motion restrictions. I'd like her working a bit more on ROM and strength in her shoulders at home so we'll lift the weight restriction. If she does not have surgery we will do an FCE at next visit.

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

Previous adverse determinations are upheld. The claimant's physical examination does not indicate an impingement, there was no documentation of pain with active arc motion 90 to 130 degrees. There was also no MRI abnormalities that would require surgery. Therefore, the request for Right Shoulder Arthroscopy with Subacromial Decompression and Debridement as Outpatient does not meet ODG criteria and is found to be not medically necessary at this time.

PER ODG:

ODG Indications for Surgery™ -- Acromioplasty:

Criteria for anterior acromioplasty with diagnosis of 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. 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 impingement.

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)**