

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: July 10, 2014, Amended July 29, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bicep Tendon

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

This physician is Board Certified in Orthopedic Surgery 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:

01/28/14: MRI Right Shoulder

01/30/14: Office Visit

03/31/14: Office Visit

04/23/14: UR

05/27/14: UR

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx. No mechanism of injury was provided.

On January 28, 2014, MRI Right Shoulder, Impression: 1. Full thickness tear of the supraspinatus tendon. 2. Partial thickness tears of the infraspinatus and subscapularis tendons. 3. Tears of the biceps labral anchors with distal retraction of the long head of the biceps. The short head of the biceps tendon as well as the

coracobrachialis tendon are intact. 4. Small _____ labral tear. 5. Glenohumeral joint effusion. 6. Hypertrophic and degenerative changes of the acromioclavicular joint, mild fluid within the subacromial/subdeltoid space as well as degenerative changes throughout the proximal humerus. In combination with the rotator cuff pathology, would clinically correlate to impingement symptoms. 7. Mild glenohumeral joint degenerative changes.

On January 30, 2014, the claimant presented with continued shoulder pain with overhead activities and pain at night. He also noted occasional cramping in his arm. On physical examination, there is symmetric muscle bulk compared to the contralateral side. Forward elevation: 170, Abduction: 160, External rotation: 60, Internal rotation: lumbar spine. External rotation strength: 5/5 on the right. Neer impingement test, Hawkins impingement test, Cross body abduction were all positive on the right. There is intact sensation to light touch over the deltoid and the palmar tips of the fingers. Current Medication: Actoplus Met Tabs. Recommendations: Shoulder arthroscopy with rotator cuff repair. Treatment options for the biceps tendon tear were also reviewed. While subpectoral biceps tenodesis would be an option, her recommendation would be not to perform a biceps exploration and tenodesis given the risk of damage to adjacent structures.

On March 31, 2014, the claimant presented with continued right shoulder pain that is worse at night. He also noticed increasing cramping in his arm. On physical examination he could forward elevate to 170 degrees and abduct to 150 degrees. He had positive Neer and Hawkins impingement signs. He had pain with resisted supination. He had intact sensation to light touch over his deltoid and the palmar tips of his fingers. Recommendations: Due to a trip in June, the plan was to have surgery in July. The risk of delaying the surgery was explained: that his biceps tendon could tear completely and he would no longer be a candidate for biceps tenodesis.

On April 23, 2014, UR. Rationale for Denial: Treatment in Workers' Compensation requires an inability to elevate the arm. The claimant has good strength and good active range of motion. Official Disability Guidelines-Treatment in Workers' Compensation requires three to six months of conservative care. The records do not reflect the use of non-steroidal anti-inflammatories, physical therapy, or a cortisone injection. Tenodesis would only be supported in a young adult. The request for right shoulder arthroscopy with rotator cuff repair and subacromial decompression of the biceps tendon is not certified.

On May 27, 2014, UR. Rationale for Denial: The request was previously noncertified on April 23, 2014, as the claimant had good strength and good active range of motion, and due to lack of documentation supporting failure of three to six months of conservative care. Additional documentation was provided for review in the note on May 7, 2014. The provided records state that the claimant has evidence of full-thickness rotator cuff and partial-thickness rotator cuff tears, rupture of the biceps tendon, and evidence of impingement. The claimant continues to have pain with activities of daily living and night pain per my discussion with based exercises have been provided. The motion has actually

been decreasing since injury with rotator cuff pain. Pain was noted with overhead use. Biceps symptoms have improved and are not as problematic as the rotator cuff and impingement. Based upon the medical documentation provided for review and the peer-reviewed, evidence-based guidelines, the request is medically supported. The reconsideration request for should arthroscopy with rotator cuff repair and subacromial decompression is certified as a partial certification and agreed upon. The biceps tendon is not certified.

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

The previous adverse determinations are upheld. The MRI on January 28, 2014 did demonstrate full thickness tear of the supraspinatus tendon and partial thickness tears of the infraspinatus and subscapularis tendons. There were also tears of the biceps labral anchors with distal retraction of the long head of the biceps. According to the records, the claimant is a male who has pain with activities and overhead use, and worsening night pain. He had positive Neer and Hawkins impingement signs on physical exam. Based on ODG and the medical records provided, the request for Biceps Tenodesis is not supported by ODG, as it recommends being performed in young adults, and therefore, is not certified.

PER ODG:

ODG 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).

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.

ODG Indications for Surgery™ -- 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.

Criteria for reinsertion of ruptured biceps tendon with diagnosis of distal rupture of the biceps tendon: All should be repaired within 2 to 3 weeks of injury or diagnosis. A diagnosis is made when the physician cannot palpate the insertion of the tendon at the patient's antecubital fossa. Surgery is not indicated if 3 or more months have elapsed.

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)**