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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 26, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Outpatient left shoulder Arthroscopy with revision of rotator cuff repair; Biceps Tenodesis; Capsular Release, Acromioplasty, Extensive Debridement; Loose body removal

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	Outpatient left shoulder Arthroscopy with revision of rotator cuff repair; Biceps Tenodesis; Capsular Release, Acromioplasty, Extensive Debridement; Loose body removal		Prosp	1			Xx/xx/xx	xxxxx	Upheld

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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported a work-related injury which occurred on xx/xx/xx. The injured employee reported the onset of left shoulder pain after lifting an item.

A left shoulder MRI was performed on July 17, 2013. The study documented:

1. Large amount of ferromagnetic artifact over the superior and superolateral aspect of the left shoulder. The suprahumeral cuff tendons were obscured by ferromagnetic artifact. The distal acromion and the acromioclavicular joint were also obscured, as well as a subacromial bursa, and
2. No evidence of full thickness or partial thickness tear of the subscapularis or teres minor tendons.

An addendum report was completed which indicated that a metal artifact reduction protocol had been utilized for additional images. This report documented:

1. No full thickness tear of the rotator cuff tendons was identified, and
2. Large amount of ferromagnetic artifact over the superior and superolateral aspect of the humeral head obscured large portions of the suprahumeral cuff, and adjacent bony structures. If there was compelling clinical suspicion for rotator cuff tear, a conventional arthrography might provide additional information.

The patient was evaluated at xxxxx on xxxxx. Complaints of pain, stiffness, swelling, and clicking or triggering in the left shoulder were noted. The physical examination documented tenderness over the left acromioclavicular joint, biceps tendon, and rotator cuff. Crepitus was present. Flexion was 120°, internal rotation was 50°, abduction was 90°, and external rotation was 70°. Range of motion was limited secondary to pain. There was weakness with shoulder flexion and external rotation. Neer's test was positive. O'Brien's test was positive. The impressions made were left shoulder pain, left shoulder subacromial bursitis, left shoulder impingement syndrome, left shoulder acromioclavicular joint arthritis, left bicipital tendinitis, left rotator cuff repair, and left adhesive capsulitis. A corticosteroid injection was performed and physical therapy was ordered.

On September 26, 2013, it was noted the injection did not help at all. It was noted the injured employee underwent a previous open rotator cuff repair complicated by infection. Residual stiffness was noted with a recent re-injury. A CT arthrogram was ordered.

A CT arthrogram of the left shoulder was performed on October 4, 2013. This study documented:

1. Postoperative changes status post acromioclavicular joint resection without evidence of a cuff tear or labral tear.

Treatment continued at xxxxx. A second left shoulder injection was performed on October 14, 2013. On November 11, 2013, it was noted the injection helped for a few days only. Revision arthroscopy with capsular release, acromioplasty, distal clavicle excision, extensive debridement, loose body removal, biceps tenodesis, and possible rotator cuff repair was recommended. On November 26, 2013, it was noted the recommended surgery was denied. The same procedure was recommended and physical therapy was continued. A diagnostic ultrasound with an ultrasound guided cortisone injection was considered. On December 31, 2013, it was noted that a diagnostic ultrasound revealed partial tearing around the rotator cuff anchors. A corticosteroid injection was performed. The revision arthroscopy with capsular release, acromioplasty, distal clavicle excision, extensive debridement, loose body removal, biceps tenodesis, and possible rotator cuff repair was again recommended on January 28, 2014.

A utilization review determination was completed on February 4, 2014. The request was non-certified due to a lack of evidence meeting guideline criteria.

The patient was re-evaluated at xxxxxx on February 20, 2014. The previous procedure was again recommended.

A utilization review determination from February 25, 2014, indicated an appeal for the requested surgery was non-certified. It was noted there was a lack of conclusive imaging to support the recommended surgery. It was also noted there was a lack of documentation of functional response to the conservative treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division-mandated Official Disability Guidelines, rotator cuff repair and biceps tenodesis is indicated when there is documentation of a rotator cuff deficit and/or pathology of the bicipital tendon on imaging studies, with documentation of no improvement with conservative treatment. Imaging studies should document the presence of a rotator cuff deficit when acromioplasty is considered, and no deficit in the rotator cuff was noted.

Additionally, the Guidelines indicate that partial claviclectomy is indicated when imaging studies document severe degenerative joint disease or posttraumatic changes of the acromioclavicular joint. The provided medical records indicate the injured employee's condition continues despite conservative treatment including physical therapy, corticosteroid injections, and oral medication; however, imaging studies did not document any pathology of the rotator cuff or bicipital tendon and it was noted that the findings of a previous acromioclavicular joint resection were noted. It is also noted that conservative treatment of adhesive capsulitis including physical therapy, non-steroidal anti-inflammatory drugs is the preferred treatment. Based on these factors, the request for revision arthroscopy with capsular release, acromioplasty, distal clavicle excision, extensive debridement, loose body removal, biceps tenodesis, and possible rotator cuff repair is not supported.

ODG -TWC

ODG Treatment

Integrated Treatment/Disability Duration Guidelines

Shoulder (Acute & Chronic)

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 three to six months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full range of motion, 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.

ODG Indications for Surgeryä -- 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 two to three 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 three or more months have elapsed.

Surgery for adhesive capsulitis is under study. The clinical course of this condition is considered self-limiting and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. (Dudkiewicz, 2004) (Guler-Uysal, 2004) (Castellari, 2004) (Berghs, 2004) Study results support the use of physical therapy and injections for patients with adhesive capsulitis. (Pajareya, 2004) (Carette, 2003) (Arslan, 2001) The latest UK Health Technology Assessment on management of frozen shoulder concludes that arthrographic distension (also called hydrodilatation), which involves controlled dilatation of the

joint capsule under local anaesthetic with sterile saline or other solution such as local anaesthetic or steroid, guided by radiological imaging (arthrography), needs more study. There is insufficient evidence to draw conclusions about the efficacy of distension (arthrographic or non-arthrographic) for frozen shoulder. In conclusion, few studies of distension were identified and only single studies of different comparisons were available. Based on one study of satisfactory quality there is a little evidence of potential benefit with distension compared with placebo. In conclusion, although the evidence available suggested potential benefit from capsular release, these studies were at high risk of bias and cannot be used to draw conclusions regarding the efficacy of this treatment for frozen shoulder. (Maund, 2012) It is currently unclear as to whether there is a difference in the clinical effectiveness of an arthroscopic capsular release compared to MUA in patients with recalcitrant idiopathic adhesive capsulitis. The quality of evidence available is low and the data available demonstrate little benefit. A high quality study is required to definitively evaluate the relative benefits of these procedures.

ODG Indications for Surgeryä -- Partial claviclectomy:

Criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint:

1. Conservative Care: At least six weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before six weeks.) PLUS
2. Subjective Clinical Findings: Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS
3. Objective Clinical Findings: Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS
4. Imaging Clinical Findings: Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES