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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 9/14/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a left shoulder implant removal plus revision total shoulder arthroplasty to reverse total shoulder arthroplasty.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a left shoulder implant removal plus revision total shoulder arthroplasty to reverse total shoulder arthroplasty.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is status post partial shoulder arthroplasty and has persistent pain. A course of extensive post-op. therapy, activity restriction and medications has been tried and failed. The most recent clinical notes and appeal document the "intractable" shoulder pain and dysfunctional rotator cuff with atrophy, as of the letter dated 8/6/14. The rotator cuff was noted to have been dysfunctional for years. There was noted to be "fairly good passive range of motion." The AP's

patient has been noted to have “advancing glenohumeral arthritis.” On 6/26/14 there was noted to be “good firing of the deltoid” muscle and a “stable position left scapular thoracic fusion.” There was 10 degrees shoulder elevation and no external rotation. The diagnosis included “severe glenoid erosion s/p fracture.” There was CT scan associated significant fatty erosion of the rotator cuff associated with “nonfunctional tissue.” The fracture healed in varus position and there was “no growth” on aspiration. On 5/20/14, the injury mechanism had been discussed as having been a fall onto a concrete floor. The AP’s patient was noted to have been s/p 11 shoulder operative procedures at that point in time. Rationale for a so-called reverse arthroplasty as opposed to a more standard total shoulder replacement was discussed in detail. Previously on 5/12/14, healing callus at the surgical neck fracture was noted. There was no evidence of infection noted via studies, including aspiration. A cortisone injection was noted to be contraindicated due to prior (but resolved) infection and the consideration for arthroplasty. Bone stock was noted to be adequate overall. Denial(s) discussed the lack of exhaustion of comprehensive non-operative treatments including therapy and injection.

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

The claimant does have a well documented cases of ‘bone and metal on bone’ at the left shoulder. Extensive and reasonable nonoperative treatments have been well-documented to have been tried and failed in this apparent non-infected shoulder. Diagnostic testing and comprehensive nonoperative treatment has been exhausted. The rotator cuff is noted to be dysfunctional and there is progressive and severe glenohumeral arthritis well-documented. The guidelines for hardware removal of the partial arthroplasty have been met. A so-called traditional total shoulder replacement would be a markedly increased risk of failure due to both painful dysfunction and/or loosening if utilized instead of a reverse shoulder replacement. The “reverse” form of complete shoulder replacement takes into account a dysfunctional rotator cuff specifically. Guideline criteria as such have been met for the entirety of the request including left shoulder implant removal and revision to reverse shoulder arthroplasty.

References: 1. ODG Shoulder Chapter. Hardware removal: Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure.

Indications for Surgery -- Shoulder Arthroplasty:

A. Glenohumeral and acromioclavicular joint osteoarthritis, post-traumatic arthritis, or rheumatoid arthritis with all of the following:

1. Severe pain (preventing a good night's sleep) or functional disability that interferes with activities of daily living or work; &

2. Positive radiographic findings (e.g., shoulder joint degeneration, severe joint space stenosis); &

3. Conservative therapies (including NSAIDs, intra-articular steroid injections, and physical therapy) have been tried for at least 6 months and failed; &

4. If rheumatoid arthritis only, tried and failed anti-cytokine agents or disease modifying anti-rheumatic drugs;

B. Treatment of proximal humeral fracture nonunion, malunion, or avascular necrosis

C. Not recommended if irreparable rotator cuff tear, in young individuals or in individuals with active local or systemic infection.

2. J Shoulder Elbow Surg. 2014 May 29. pii: S1058-2746(14)00182-7. doi: xx.xxxx/j.jse.2014.03.001. [Epub ahead of print]

Reverse shoulder arthroplasty in 41 patients with cuff tear arthropathy with a mean follow-up period of 5 years. Al-Hadithy N1, Domos P2, Sewell MD2, Pandit R2. Author information

Reverse shoulder arthroplasty (RSA) is an accepted treatment for patients with pseudoparalysis due to cuff tear arthropathy. There have been limited studies with midterm clinical and radiologic results. We present our results for a single surgeon from a district general hospital.

METHODS:

Forty-one consecutive Delta III RSAs were performed by an anterosuperior approach in 37 patients (29 women and 8 men) with pseudoparalysis due to cuff tear arthropathy. The patients' mean age was 79 years (range, 68-91 years). The mean follow-up period was 5 years. All patients were available for final review, and none were lost to follow-up.

RESULTS:

The mean age-adjusted Constant and Oxford scores improved from 34.2 points to 71.0 points and 15 points to 33 points, respectively. Mean abduction and forward flexion improved from 64° to 100° and 55° to 110°, respectively. Scapular notching was seen in 68% of patients, but there was no deterioration in function or satisfaction scores. Stress shielding of the proximal humerus was seen in 10% of patients. One patient underwent revision to a hemiarthroplasty because of glenoid component failure after a fall. There were no early postoperative dislocations in our series.

CONCLUSION:

RSA for pseudoparalysis due to cuff tear arthropathy provides good functional results at 5 years; however, there is a high rate of scapular notching, which does not seem to affect overall functional outcomes.

Therefore, this case is found to be medically necessary both based upon the ODG guides but the study listed above.

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)
Al-Hadithy N1, Domos P2, Sewell MD2, Pandit R2, Reverse shoulder arthroplasty in 41 patients with cuff tear arthropathy with a mean follow-up period of 5 years. J Shoulder Elbow Surg. 2014 May 29
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)