AccuReview

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Notice of Independent Review Decision

[Date notice sent to all parties]: August 11, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 2xWk x 7Wks Left Shoulder 97002 97110 97112 97530 97140 97150 97014

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

This physician is Board Certified in Orthopaedic Surgeon with over 16 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 the job on xx/xx/xx. He was working on a ladder when the ladder approximately 3 feet from ground, slipped as he overextended and fell on left shoulder to the ground. HE complained of pain in shoulder, arm, elbow with initial bruising and could hardly move arm, and/shoulder.

02-18-15: Transcription. CC: left shoulder pain with limited mobility from a three foot ladder. ROS: Musculoskeletal: joint pain, muscle pain, back pain, joint swelling, joint stiffness and night pain. PE: Constitutional: in mild distress. Musculoskeletal: Left Shoulder: Tenderness: AC joint, bicipital groove, distal clavicle, rhomboid, scapula, trapezius muscle and supraspinatus muscle. Forward Flexion, Extension, Abduction, Adduction, and Internal & External Rotation: all painful which was painful. 85 degrees abduction and forward flexion. Extension more pain but ROM intact. Assessment: 1. Contusion of arm, left 923.9, 2. Left elbow contusion 923.11, 3. Contusion of shoulder, left 923.00, 4. Restriction of joint motion, 719.50. Plan: Start Naproxen 500mg, Tramadol 50mg, X-Ray left shoulder, and therapy referral to improve ROM and decrease pain.

02-18-15: Shoulder 2 Views – Left. Impression: Minimal degenerative arthrosis acromioclavicular joint and no other abnormality.

02-27-15: Outcome of Review of Requested Treatment at Coventry Workers' Comp Services. Approved Services: PT 3xwk x 2 wks left shoulder 97002, 97110, 97112, 97140, 97530.

03-04-15: Left Shoulder MRI. Impression: 1. Full-thickness tear of the distal, anterior supraspinatous tendon. Minimal tendon retraction without atrophy. Myotendinous tear along the superior margin of the supraspinatus just medial to the myotendinous junction. 2. Full-thickness tear along the inferior margin of the distal subscapularis tendon. 3. Prominent acromioclavicular arthrosis, including joint effusion and resultant lateral outlet impingement. 4. Glenohumeral joint effusion with fluid extending into the subacromial/subdeltoid bursae.

03-09-15: Transcription. CC: left shoulder pain, unable to lift arm. He described it as moderate to severe, 7/10 and is exacerbated by any movement, arm elevation or overhead use. Claimant has had no functional improvement after a number of PT sessions. Claimant has been working transitional duty. ROS: muscle weakness, but no joint stiffness, swelling noted. Neurological: arm weakness, tingling and numbness. PE: Left Shoulder: Tenderness: anterior glenohumeral joint. ROM: limited ROM in all planes and painful in all planes. Positive Hawkin's test. Assessment: Rotator cuff tear 840.4. Plan: Tylenol #3, orthopedic referral. Activity Status and Restrictions: modified activity/work. Limited use of left arm.

03-18-15: Transcription dictated. CC: severe left shoulder pain and weakness. He reported not sleeping due to pain, severe weakness so that he cannot raise the arm up above the shoulder level at all. PE: Musculoskeletal: Left shoulder has profound weakness with pain on Hawkins and Neer testing. Subscapularis strength is markedly weak with a positive belly-press test and positive lift-off test. Biceps tendon and medial tubercie are both very tender. Relatively good PROM, just a little bit of global and range stiffness. Assessment: 1. Acute full-thickness rotator cuff tear, left shoulder (supraspinatus tendon and subscapularis). 2. Possible proximal biceps tendon rupture. 3. Secondary impingement syndrome. Plan: Recommend to proceed with left DSA/SAD with rotator cuff repair, possible proximal biceps tenotomy with or without tenodesis, and treatment as indicated.

04-02-15: Outcome of Review of Requested Treatment. Approved Requested Services: URGENT Cryotherapy Rental for 7 days, E0218.

04-02-15: Outcome of Review of Requested Treatment at Coventry Workers' Comp Services. Approved Requested Services: URGENT Extensive Debridement x/ Synovectomy & Possible Proximal Biceps Tenotomy, URGENT w/ or w/o Tendoesis and Treatment 29826 29827 29828 29823, URGENT Left Shoulder Diagnostic Arthroscopy w/ SAD, Rotator Cuff Repair.

04-10-15: Operative Report. Preoperative Diagnoses: 1. Rotator cuff tear, left shoulder, 2. Possible SLAP tear, 3. Secondary impingement syndrome. Postoperative Diagnoses: 1. Rotator cuff tear, left shoulder – complex (partial subscapularis, full thickness SST/IST); 2. Type 2 SLAP tear; 3. Anterior labral fraying; 4. Synovitis; 5. Secondary impingement syndrome.

04-16-15: Encounter. CC: post op f/u. Problems: joint ankylosis of the left shoulder region, left; shoulder joint pain, left; impingement syndrome of shoulder region; synovitis/tenosynovitis – shoulder; full thickness rotator cuff tear, left. Medications: Ambien 10mg, Celebrex 200mg, Chlorthalidone 25mg, glyburide 5mg/metformin 500mg, Lantus, lisinopril 10mg, Norco 10/325, Norco 5/325, Percocet 10/325, simvastatin 40mg. Assessment/Plan: s/p complex RCR (SST, IST, and subcap) + SLAP. Anticipate stiffness issues. Get moving with PROM. 1. Full-thickness rotator cuff tear-left: PT referral, shoulder referral, RX: PROM and mods only, 1x5; 2. Shoulder joint pain, 719.41; 3. Impingement syndrome of shoulder region.

05-06-15: Outcome of Review of Requested Treatment. Approved Requested Services: PT 1xWk x 5Wks Left Shoulder 97002 97110 97112 97140 97530.

06-01-15: Transcription. CC: recheck. There has been quite a bit of delay approving PT, he still is very stiff. PE: Left shoulder is very stiff, true scaphoid stabilized. Glenohumeral abduction is only about 45 degrees, 6 degrees if pushed really hard the scapula stabilized with forwards flexion is only 80 degrees. There is no distal swelling, no evidence of infection. Assessment: Relatively severe ankylosis of the left shoulder status post complex rotator cuff and SLAP repair. Plan: Recommend the active rehab that has already been ordered, they approved so that we can get some motion back. If claimant is not getting motion back in the next two or three weeks, then we need to proceed with an

MUA. If he is responding well to therapy, getting his motion back, then we can see him back in the clinic at the end of the therapy after six weeks.

06-04-15: UR. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, the request is non-certified. There was no documentation of extenuating circumstances to warrant the use of 5 modalities per visit. Additionally, the guidelines recommend active versus passive treatment modalities in the CPT code 97140 (manual therapy techniques) is a passive modality which was not recommended with PT. In the absence of a successful peer to peer discussion with an agreement, the request in its entirety is not supported.

06-15-15: Outcome of Review of Requested Treatment. Approved Requested Services: APPEAL PT 3xWk x 6Wks Left Shoulder 97002 97110 97112 97140 97530.

07-02-15: Encounter. CC: left shoulder pain. Claimant reported that the pain is better, though therapy has not helped his ROM at all. Still very "stuck". PE: Left Shoulder: AROM: forward flexion 60 degrees, abduction 30 degrees. PROM: forward flexion 80 degrees, abduction 40 degrees. Assessment/Plan: Still very stiff after 5 PT sessions, making no progress. Still has residual stiffness, likely pericapsular adhesions. Not improving at this time, needs MUA. Full-thickness rotator cuff tear 727.61, complete rupture of rotator cuff; Shoulder joint pain – related to stiffness 719.41: Norco 10/325; Joint ankylosis of the shoulder region – new problem (w/u needed), 718.51: recommend shoulder manipulation under anesthesia. Discussion Notes: Still has substantial ROM deficit after post-op PT. Ready for MUA.

07-09-15: UR. Reason for denial: On physical examination of the left shoulder, there is no tenderness to palpation. AROM revealed forward flexion to 60 degrees and abduction to 30 degrees. PROM revealed forward flexion to 80 degrees and abduction to 40 degrees. He still has substantial ROM deficit despite PT. The requested left shoulder manipulation under anesthesia was not deemed medically necessary and the referenced guidelines stat that patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). The number of requested visits is in excess of the recommended six-visit clinical trial. If the MUA was approved, this case could not be partially certified without a peer to peer discussion and agreement. AS the medical necessity of this request has not been substantiated, the request for PT 2xWk x 7Wks Left Shoulder 97002 97110 97112 97530 97140 97150 97014 is non-certified.

07-10-15: UR. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The concurrent request for manipulation under anesthesia was deemed not medically necessary. In addition, the current request submitted exceeds guideline recommendations as an initial 6 visit clinical trial should occur and no more than 4 modalities/procedural units should be used per visit.

07-17-15: Transcription. Active Problems: 1. Contusion of arm, left 923.9, 2. Contusion of shoulder, left 923.00, 3. Left elbow contusion 923.11, 4. Restriction of joint motion 719.50, 5. Rotator cuff tear 840.4, 6. S/P rotator cuff repair V45.89, 7. S/P labral repair of shoulder V45.89, 8. Strain of shoulder, left 840.9. Current Meds: Naproxen 500mg, Tramadol 50mg, Tylenol #3. Claimant reported that his shoulder feels okay, but is still very limited in his AROM to lift overhead, especially out to the side. Claimant reported performing HEP daily. Therapy Assessment: Overall Progress: Slower than expected, claimant is motivated and works hard, but continues to have a capsular pattern of restriction. He may benefit from a manipulation under anesthesia to improve ROM.

07-27-15: Transcription. Claimant reported continued soreness and stiffness in L shoulder, especially in abduction. Current left shoulder pain 2/10. Left Shoulder: ROM and Muscle Performance: ROM wnl except as noted: Flexion: AROM 105 with hiking degrees and PRM of 140 degrees; Abduction: AROM 85 degrees and PROM 105 degrees; Internal Rotation: PROM 65 degrees; External Rotation: PROM 50 degrees. Evaluation: 1. Strain of shoulder, left 840.9, 2. S/P rotator cuff repair V45.89. Therapy Assessment: Overall Progress: Slower than Expected. Claimant continued to have capsular restrictions in abduction and rotations. He is motivated to improve and works hard in therapy. He has tolerated therapy well.

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

The request for fourteen sessions of physical therapy (2x/week for 7 weeks) is denied based on the records reviewed. The claimant underwent rotator cuff repair on 4/10/2015. The patient is now dealing with limited shoulder motion following surgery performed over three months ago. The physical therapy note of 7/27/2015 documents the following motion in the left shoulder: active flexion 105 (passive 140 degrees), active abduction 85 degrees (passive 105 degrees), passive internal rotation of 65 degrees, and passive external rotation of 50 degrees. It is unclear from the record whether the claimant has poor shoulder motion due to residual problems in the rotator cuff and therefore more diagnostics of the shoulder might be necessary to confirm the integrity of the rotator cuff repair before additional therapy is considered. The Official Disability Guidelines (ODG) recommends 3-6 months of therapy before considering a manipulation under anesthesia. Once there is more information on the integrity of the rotator cuff repair, additional therapy can be considered for this condition. Therefore, after reviewing the medical records and documentation provided, at this time the request for PT 2xWk x 7Wks Left Shoulder 97002 97110 97112 97530 97140 97150 97014 is denied.

Per ODG:

Manipulation under anesthesia (MUA)	Under study as an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90°), manipulation under anesthesia may be considered. There is some support for manipulation under anesthesia in adhesive capsulitis, based on consistent positive results from multiple studies, although these studies are not high quality. (Colorado, 1998) (Kivimaki, 2001) (Hamdan, 2003) Manipulation under anesthesia (MUA) for frozen shoulder may be an effective way of shortening the course of this apparently self-limiting disease and should be considered when conservative treatment has failed. MUA may be recommended as an option in primary frozen shoulder to restore early range of movement and to improve early function in this often protracted and frustrating condition. (Andersen, 1998) (Dodenhoff, 2000) (Cohen, 2000) (Othman, 2002) (Castellarin, 2004) Even though manipulation under anesthesia is effective in terms of joint mobilization, the method can cause iatrogenic intraarticular damage. (Loew, 2005) When performed by chiropractors, manipulation under anesthesia may not be allowed under a state's Medical Practice Act, since the regulations typically do not authorize a chiropractor to administer anesthesia and prohibit the use of any drug or medicine in the practice of chiropractic. (Sams, 2005) This case series concluded that MUA combined with early physical therapy alleviates pain and facilitates recovery of function in patients with frozen shoulder syndrome. (Ng, 2009) This study concluded that manipulation under anaesthesia is a very simple and noninvasive procedure for shortening the course of frozen shoulder, an apparently self-limiting disease, and can improve shoulder function and symptoms within a short period of time, but there was less improvement in post-surgery frozen shoulders. (Wang, 2007) Two lower quality studies have recently provided some support for the procedure. In this study manipulation under suprascapular nerve block and intra-articular local anesthesia shortened the course of frozen shoulder (FS), although it is an apparently self-limiting disease. (Khan, 2009) In this study manipulation under anesthsia combined with arthroscopy was effective for primary frozen shoulder. (Sun, 2011) Frozen shoulder has a greater incidence, more severe course, and resistance to treatment in patients with diabetes mellitus compared with the general population, but outcomes for diabetic patients with frozen shoulder undergoing treatment with manipulation under general anaesthesia (MUA) are the same as patients without diabetes. (Jenkins, 2012) In this case series, treatment of frozen shoulder by MUA led to improvement in shoulder motion and function at a mean 23 years after the procedure. (Vastamäki, 2012) The latest UK Health Technology Assessment on management of frozen shoulder concludes that there was very little evidence available for MUA and most of the studies identified had limitations. The single adequate study found no evidence of benefit of MUA over home exercise alone. Generalizability is somewhat unclear because of the limited information about previous

	interventions that participants had received and stage of frozen shoulder. (Maund, 2012) The fastest improvement occurs following the first month after MUA, but 6 months after MUA, shoulder active range of motion remains lower than the uninvolved extremity. (Sokk, 2012) In this study, six months after MUA, endurance time and net impulse remained impaired for the involved shoulder. (Sokk, 2013) According to an Indian study, the efficacy of MUA, injection, and PT are comparable for adhesive capsulitis. (Ghosh, 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. (Grant, 2013) According to a systematic review of frozen shoulder treatments, outcomes with MUA are equivocal when compared to other treatment approaches. (Uppal, 2015) This study concluded that the best time for MUA, if non-operative treatment has failed to alleviate pain or limitation of shoulder motion is too cumbersome, might be between 6 and 9 months from the onset of the symptoms. (Vastamäki, 2015) See also Surgery for adhesive capsulitis. In other chapters, see the Low Back Chapter, where MUA is not recommended in the absence of vertebral fracture or dislocation; and the Knee Chapter, where MUA is recommended as an option for treatment of arthrofibrosis and/or after total knee arthroplasty, only after a trial (six weeks or more) of conservative treatment, and a single treatment session would then be recommended, not serial treatment sessions.

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)**