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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/08/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:
Orthopedic Surgery

Description of the service or services in dispute:
Left shoulder acromioplasty, mumford, biceps tenodesis

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)

Patient Clinical History (Summary)

is a male. On 11/06/14, an MRI of the left shoulder was obtained revealing no focal partial or thickness full thickness tear of the rotator cuff. There was mild acromioclavicular joint hypertrophy and mild capsular thickness and mild healing grade 1 joint sprain and no abnormal fluid collection seen in the subdeltoid sub subacromial space. There was mild diminution of the posterior labrum, non-specific. The labrum was sub optimally evaluated due to limited spatial resolution with low field open MRI technique. On 11/18/14, the patient was seen in clinic for initial consultation and evaluation of his pain. He stated his pain was present at night with certain activities and worse was lifting and putting on clothes or lifting his arm above his head. Physical examination found focal tenderness at the acromioclavicular joint only with small swelling at the acromioclavicular joint. Had functional range of motion mildly limited secondary to pain. Weakness was noted with shoulder abduction due to pain and the rest of the arm was grossly normal. On 10/06/14, the patient was seen for initial physical therapy evaluation. On 05/15/15, the patient returned to clinic. It was noted that when he was seen on 01/20/15, he reported that the injection received at the last appointment took away his pain for a few weeks but his pain returned. It was noted he had attended six weeks of formal physical therapy and reported that he could feel his shoulder getting stronger but it was still painful and negatively affected his ability to perform activities of daily living and work. It was noted that he had multiple acromioclavicular joint and subacromial space injections with continued pain and had approximately 10 weeks of formal physical therapy and had been doing home exercise program since October on a regular basis. Left shoulder exam revealed a severely tender acromioclavicular joint and anterior humeral head, and strength testing was limit is limited secondary to pain with rotator cuff strength rated 4/5 for all muscles tested. There was no obvious joint instability, and the patient was able to forward flex to 160 degrees and adduct 120 degrees with pain throughout movement. It was noted he had acromioclavicular joint compression and Hawkins testing Neer's testing and Yergason testing.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 03/03/15, a notification of adverse determination letter was submitted for the requested service of a left shoulder acromioplasty, Mumford, biceps tenodesis. Rationale given was that while a surgical intervention was considered there's no evidence in the clinical records submitted that the patient had at least three

months of physical therapy prior to the proposed surgery. Therefore the request was non-certified.

On 04/27/15, a notification of reconsideration determination was submitted for an appeal for left shoulder acromioplasty, Mumford, and biceps tenodesis. Guidelines indicate the records indicate that there that there was a lack of documentation of a specific x-ray including post-traumatic changes at the acromioclavicular joint or complete or complete or complete or incomplete separation of the acromioclavicular joint. There was also lack of documentation indicating the patient had a type II or IV SLAP lesion for which a biceps tenodesis would be supported. It was also noted the official MRI was not provided for review. Therefore the request was non-certified.
The official MRI for this patient's left knee has been submitted for review at this time. There is no focal partial or full thickness tear of the rotator cuff, and there is mild sprain with acromioclavicular joint hypertrophy. There is a mild healing grade 1 acromioclavicular joint sprain with a type 1 acromion with mild anterior dense downsloping and infra lateral tilt. No abnormal fluid collection was seen in the subacromial/sub delta bursa, and there was mild diminution of the posterior labrum non-specific. For left shoulder acromioplasty, guidelines recommend this procedure after at least three to six months of conservative care. X-rays or MRI should show positive evidence of impingement. With a grade 1 AC sprain, and with a type 1 acromion, impingement has not been documented. For the requested Mumford procedure, there should be at least six weeks of care directed toward symptom relief prior to surgery, pain at the acromioclavicular joint, and imaging showing post-traumatic changes at acromioclavicular joint or severe degenerative joint disease of the acromioclavicular joint or complete or incomplete separation of the acromioclavicular joint. The records indicate the patient has a mild healing grade 1 acromioclavicular joint sprain but provider states x-rays show more severe arthritis of the acromioclavicular joint but those x-ray that x-ray report has not been provided for review. Thus the records would not support the Mumford procedure. For the biceps tendon a tenodesis, there should be documented three months of conservative treatment, and a type II or IV labral lesion should be documented. The patient does not have a specific type II or IV lesion, and the provider's last clinical note indicates patient has had significant conservative care including physical therapy, the 10/06/14 and 10/29/14 physical therapy notes document only eight physical therapy visits being given. Thus there is lack of documentation of failure of conservative measures and of significant pathology about the left shoulder. It is the opinion of this reviewer that the request for left shoulder acromioplasty, Mumford and biceps tenodesis is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)