

Vanguard MedReview, Inc.

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October 30, 2015, Amended November 4, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bankart repair with possible rotator cuff repair, right shoulder

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

This reviewer is a Board Certified Orthopaedic Surgeon with over 42 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 xxxx at his job when xxxxx and he fell to the ground, landing on his right shoulder.

XX/XX/XX: Emergency Visit. **HPI:** Pt presents after a fall c/o right shoulder pain. Pt states he fell xxx. and landed on right side. Per EMS, pt denied neck, back pain. Deny LOC. NKDA. Denies medical problems. **Physical Exam:** He is oriented to person, place, and time. He appears well-developed and well-nourished. He appears distressed (severe). Right arm is held above head. **Procedure:** The procedure was performed as an emergent situation. Injury location: right shoulder. Dislocation, inferior. Immobilization: splint Supplies: plaster Post procedure- ROM: improved. **MDM:** Abrasions of multiple sites: Dislocation, shoulder, inferior: Fall: Pt improved. O/w unremarkable trauma eval. Shoulder reduced. **Diagnosis/Plan:** Fall, Dislocation, shoulder, inferior, abrasions of multiple sites. Patient left with a disposition of: discharge.

XX/XX/XX: CT Chest Abdomen Pelvis with contrast. **Impression:** 1. Reduced right shoulder dislocation. 2. No additional traumatic injury is identified within the chest. 1. No acute traumatic injury is visualized in the abdomen or pelvis.

XX/XX/XX: CT Brain/Cervical without contrast. **Impression:** 1. No acute bony injury within these imaged portions of the cervical spine is observed. Study limited due to patient motion.

XX/XX/XX: X-ray shoulder complete 2+ views right **Impression:** 1. No acute bony abnormalities of the right shoulder are observed.

XX/XX/XX: X-ray Shoulder 1 View right. **Impression:** 1. Inferior right humeral head dislocation.

XX/XX/XX: X-ray pelvis 1-2 views. **Impression:** 1. No acute osseous abnormality is identified.

XX/XX/XX: X-Ray chest 1 view. **Impression:** 1. No acute abnormality is identified.

xxxx: Office Visit. **HPI:** Pt presents for eval of R shoulder dislocation. Pain increases with use and improves with rest. No redness or swelling. He has intermittent numbness to his R hand. No other injury. **Exam:** Patient is alert and in no acute distress. Back exam reveals tenderness to the R superior trapezius; no midline or other tenderness to eh thoracic or lumbar spines. He is alert and appears uncomfortable. Neck supple without JVD or cervical lymphadenopathy. No tenderness to the C spine. Back no tenderness to the thoracic spine. Right shoulder tenderness to the anterior surface without erythema or edema. ROM not assessed this visit. **Plan:** Pt off work, use local ice, use sling, Tylenol #3 (300/30mg) #40 one po very 6h as needed for pain. Recheck after ortho.

xxxxx: Progress Note. **HPI:** Pt presents with left shoulder pain. He is left hand dominant. Patient describes pain as sharp and stinging and is located in the whole shoulder. Pain is constant and does radiate into the upper arm and is aggravated by any kind of movement. Treatment to date has been ice and sling which was effective.

Medications: Naproxen sodium (Anaprox) 550 mg tab. Take 1 tab by mouth every 12 hours. **Physical Exam:** The patient is experiencing tenderness in the acromion. R Shoulder ROM: Forward flexion: 80 External rotation: 40. Muscle strength: Abduction: 5/5/5 Internal rotation: 4/5, External rotation: 3/5, Supraspinatus: 3/5, subscapularis: 5/5/5, biceps: 5/5/5. Tests: Apprehension: negative, cross arm; positive drop arm: negative, Hawkins test: positive, impingement: positive, sulcus: absent. Erythema: absent, scars: absent, sensation: normal, pulse: present. Comments: Ab der 70, abd ir 0, O'briens +, Resisted throw, relocation test, full ROM cervical spine with no radicular symptoms. L shoulder ROM: Forward flexion: 180, external rotation: 60. **Assessment:** Right shoulder x-ray findings consistent with no significant x-ray abnormalities. **Plan:** We will order an MRI of right shoulder. Patient has opted for MRI. Return for follow up after.

xxxxx: MRI Right shoulder arthrogram with contrast. **Impression:** 1. Undersurface tear with interstitial extension and superimposed tendinosis of the distal supraspinatus and infraspinatus tendons. 2. Small anterior inferior labral tear.

xxxxxx: Progress Note. **HPI:** Patient presents for discussion and interpretation of the MRI of the right shoulder. Patient states they are worse since their last visit. **Exam:** R shoulder ROM Forward flexion: 120, External rotation: 40. **Assessment:** Radiographic findings were consistent with right shoulder anterior inferior labral tear partial thickness supraspinatus tear. **Plan:** At least 15 minutes of this encounter was used to discuss the results of the above imaging. Surgical vs non-surgical options were discussed. Patient has opted for surgical treatment.

xxxxxx: Progress Note. **HPI:** Patient rates pain as 7/10. He has not had any physical therapy or injections. **Physical Exam:** Cuff strength-Slightly weak and painful to empty can and external rotation. Negative belly press. Passive ROM on supine exam: FF 170, ER 40. Active ROM: FF 160, ER 30, IR sacrum. Sulcus: Negative. Sulcus in ER: Negative. Apprehension in abduction, ER: Positive at 70° of abduction. Apprehension in adduction, IR: Negative, but painful. Jerk Test: Positive. Load and shift: Positive. Anterior: 1+. Posterior drawer: 1+. Mayo shear sign (O'Driscoll's): Positive. O'Brien's: Positive. Sensate to light touch in median, ulnar, and radial nerve distributions, skin intact. Arm is warm, well-perfused, good capillary refill. Beighton Criteria: Hyperextension little finger > 90°: Negative. Elbow hyperextension > 10°: Negative. Thumb-on-forearm: Negative. Knee hyperextension > 10°: Negative. Palms on floor with knees extended: Negative. **Plan:** We will plan for Bankart repair with possible rotator cuff repair. Orders for surgery were placed.

xxxxx: UR. **Rationale for Denial:** The patient has not completed any physical therapy, nor had any injections to date. The Official Disability Guidelines recommend Bankart procedure with a diagnosis of recurrent glenohumeral dislocation. The subjective findings should include a history of multiple dislocations with the objective findings having at least a positive apprehension finding, or injury to the humeral head, or a documented dislocation under anesthesia. Furthermore, rotator cuff repair, per ODG state that conservative care for 3 to 6 months is indicated.

The documentation submitted for this review does not indicate adequate conservative care to date. Therefore, the request for Bankart repair with possible rotator cuff repair is not medically supported. As such, the request is non-certified. Peer to peer discussion has not been achieved despite calls to the office.

xxxxxx: UR. **Rationale for Denial:** Regarding Bankart repair with possible rotator cuff repair, right shoulder, this is a XX year old patient, with injury. When he fell and dislocated his shoulder. The patient has imaging evidence of inferior labrum tear as well as partial thickness tear of the supraspinatus. However, there was no record of recurrent dislocations. The medical records describe that the patient had not had any physical therapy or injections. ODG addresses surgery for shoulder dislocation and requires recurrent dislocations corroborated by objective examination findings and imaging. For rotator cuff repair of partial-thickness tears, conservative treatment must be exhausted prior to surgery. Peer to peer contact was not established. The patient does not meet guideline criteria for surgery; recommend non-certification.

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

The previous adverse determinations are upheld. I agree in their denial. Bankart repairs are indicated for recurrent dislocations and his MRI does not describe a total tendon tear which requires repair.

ODG Indications for Surgery™ -- Shoulder dislocation surgery:

Criteria for capsulorrhaphy or Bankart procedure with diagnosis of recurrent glenohumeral dislocations:

- 1. Subjective Clinical Findings:** History of multiple dislocations that inhibit activities of daily living. PLUS
- 2. Objective Clinical Findings:** At least one of the following: Positive apprehension findings. OR Injury to the humeral head. OR Documented dislocation under anesthesia. PLUS
- 3. Imaging Clinical Findings:** Conventional x-rays, AP and true lateral or axillary view.

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

- 1. Conservative Care:** At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 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.

[\(Washington, 2002\)](#)

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)**