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Notice of Independent Review Decision

October 4, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Shoulder Arthroscopy with RTC repair, and possible bicep tendinosis

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

The Reviewer is a Board Certified Orthopaedic Surgeon with over 13 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 male who was injured in a work-related injury on xx/xx/xx. The claimant stated that he was pulling a refrigerator, the wheel fell off the refrigerator and the claimant tried to reach over to avoid it from falling and he felt a pop in his right shoulder.

01/24/2013: Initial medial report. Examination of cervical spine reveals tenderness of the cervical paraspinals on the right side. Cervical ranges of motion are restricted with pain. Maximum foraminal compression test is positive on the right side. Shoulder depression test is positive on the right side. There is a decreased sensation of the right upper extremity. Examination of the right shoulder revealed tenderness of the right shoulder joint upon palpation. Right shoulder ROM is restricted with increase in pain. Impingement sign is positive. There is weakness of the right shoulder. **Medications:** Ultram 50mg, Motrin 800mg.

07/17/2013: Operative report. **Procedure performed:** Right shoulder arthroscopy, subacromial decompression with acromioplasty, and distal clavicle resection, 29826, 29824.

10/09/2013: Subsequent Medical Report. Claimant reported he has completed 18 sessions of PT. He states that it feels like the motion and strength in his right shoulder are improving.

02/17/2014: Subsequent Medical Report. A right shoulder MRI on 2/14/2013 showed degenerative changes of the AC joint moderate size joint effusion, subchondral cyst in the greater tuberosity surrounded by bone marrow,

edema, suboptimal visualization of the labrum. The right shoulder arthrogram showed degenerative changes of AC joint and caudal osteophyte of the distal clavicle. The MR arthrogram of right shoulder on 3/18/2013 showed mild capsular hypertrophy at AC joint with caudal as the clavicular osteophyte, complex appearance at the superior joint space, with partial tear involving biceps tendon, anchor attachment, superior GH ligament and coracohumeral ligament. The cervical MRI on 3/7/2013 showed disc protrusion at C5-C6 and C6-C7. The lumbar MRI on 3/7/2013 showed disc protrusion at L5-S1, disc bulge at L4-L5. He was evaluated by on 3/14/2013 and pending right shoulder arthrogram. The right shoulder arthrogram on 3/18/2013 which showed downslope type II acromion, mild capsular hypertrophy at the AC joint with caudal as the clavicular osteophyte, mild supraspinatus tendinopathy with no discrete tear, complex appearance at the superior joint space, with partial tears involving the biceps tendon, anchor attachment superior glen humeral ligament and coracohumeral ligaments. **Findings:** Cervical ROM is mildly decreased with pain. There is decreased sensation of the right upper extremity. Right shoulder examination revealed tenderness at the anterior and posterior aspect upon palpation. There is decreased sensation of the right lower extremity. **Medications:** Tramadol 50mg, Zanaflex 4mg, Naproxen 500mg.

04/15/2014: Subsequent Medical Report. Claimant stated that the shoulder injection helped for a couple of days. He underwent LESI on 5/9/2013. He attended post-injection therapy for lumbar spine. Attended post-injection for right shoulder. On 7/17/2013, the claimant underwent right shoulder surgery. The claimant stated he started working on 1/13/2014 as an Art curator. **Findings:** Examination of the cervical spine reveals no tenderness of the cervical paraspinals. Cervical ROM is normal. Examination of the right shoulder revealed no tenderness of the right shoulder joint upon palpation. Right shoulder ROM is normal. Examination of the lumbar spine reveals no tenderness of the lumbar paraspinals.

11/06/2014: Subsequent Medical Report. **Findings:** Examination of the right shoulder revealed tenderness of the right shoulder joint upon palpation. Right shoulder ROM is restricted with pain. Tenderness of the lumbar spine. Kemp's test positive on right side with pain referred to right leg. Lumbar ROM is restricted with pain.

12/12/2014: Orthopedic Consultation. **PE:** He has abnormal scapulothoracic rhythm. He has a markedly positive impingement sign. He has positive active compression test. His acromioclavicular joint is nontender. He has diminished sensation in the ulnar three digits of his right hand. Shoulder external rotation was 90 degrees. Internal rotation was 70 degrees. Abduction was 120 degrees and forward flexion was 130 degrees. He had anterolateral tenderness. **Impression:** Shoulder strain, internal derangement. Lumbar injury.

02/05/2015: Orthopedic Consultation. On examination of the claimant's right shoulder, he had tenderness along the anterior aspect. He continues to experience a positive impingement sign, positive axial compression test, and positive O'Brien test. His AC joint is tender. He continues to experience paresthesias in the ulnar 3 digits of his right hand. He has limited ROM with abduction to approximately 120 degrees. He has limited internal and external rotation.

03/26/2015: MRI shoulder right w/contrast post arthrogram. **Impression:** 1. Proximal long biceps tendon rupture. 2. Superior labrum appears truncated/frayed. 3. Minimal articular surface partial-thickness tear of the distal supraspinatus tendon superimposed on supraspinatus tendinosis. There also a couple of ferromagnetic artifact at the myotendinous junction of the supraspinatus compatible with surgical drainage and or metallic foreign bodies.

03/26/2015: Fluoroscopy FL Arthrogram injection right shoulder. **Procedure performed:** Right shoulder arthrogram. Fluoroscopy. Radiologic examination and interpretation of the right shoulder arthrogram.

04/08/2015: Orthopedic Report. Claimant reported 8/10 pain of right shoulder, radiating out to his fingers. Examination of the right shoulder revealed weakness in abduction. He had anterolateral tenderness. There was no palpable bicep defect. He had diminished sensation in the ulnar three digits of this right hand. He had a positive active compression test and a positive impingement sign on the right. Abduction was limited to 120 degrees. Forward flexion was 130 degrees.

07/23/2015: UR. Rationale for denial: This is a with a old injury. The patient is status post right shoulder arthroscopy on 7/2013. He underwent post-op PT, however, his shoulder pain has returned. The MR arthrogram showed a full biceps proximal tear as well as minimal partial supraspinatus tear and tendinosis. However, the only recent medical records did not include any muscle strength testing of the biceps tendon. Unclear if the patient has actually completed PT for his shoulder recently, only for low back with regard to the bicep tendon tear, there was no indication that this results in any functional deficit. Recommended non-certified.

08/11/2015: Orthopedic Report. stated that the patient has completed PT, oral anti-inflammatories, and activity medication as well as a corticosteroid injection. However, he states that there was no evidence provided in the clinical documentation to confirm that the patient completed an appropriate course of cervical modalities to his shoulder. He states that prior to requesting surgical intervention between 4/15 through 7/15, there were no treatment notes provided for review to identify PT, use of anti-inflammatories, or the patient undergoing a home exercise program to alleviate the symptoms to his right shoulder.

08/24/2015: UR. Rationale for denial: The patient is. There was no evidence provided in the clinical documentation to confirm that the patient completed the appropriate course of conservative modalities to his shoulder prior to requesting surgical intervention. Between 4/2015 and 7/2015, there were no treatment notes provided for review identifying PT, use of any anti-inflammatories, or the patient having undergone a home exercise program to help alleviate his symptoms in the right shoulder and no indication as to his functional response to any of the treatment measures. Without meeting the guidelines criteria with sufficient evidence of having completed an appropriate course of conservative care, the requested right shoulder arthroscopy with rotator cuff repair and possible biceps tenodesis cannot be supported. Therefore, the request is non-certified.

09/11/2015: Orthopedic Report. Claimant still complains 6/10 constant right shoulder achy pain. He also complains of night pain and intermittent popping. Since his injection, the claimant exhausted all of the approved PT. **PE:** The patient has 100 degrees of forward flexion, 90 degrees of active abduction with a painful arc. He has a positive impingement sign. There is popping with shoulder ROM. On inspection, there is no visible biceps deformity. Shoulder abduction is 4+/5. Elbow flexion strength was 4+/5. The rest of his motor strength was intact and normal. **Plan of treatment:** The patient has completed 24 months of conservative treatment since his arthroscopy that was performed in 7/2013. The conservative management consisted of all PT that we could get approved as well as a corticosteroid injection to his right shoulder. In addition, the patient has been doing home exercises. Unfortunately, the patient still complains of pain and popping. He has pain at night. He has weakness with abduction with decreased ROM and pain. He had temporary relief with a corticosteroid injection. His MRI shows a partial rotator cuff tear.

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

The request for rotator cuff repair and biceps tenodesis is denied.

This patient continues to have pain and weakness in the shoulder following a subacromial decompression and distal clavicle excision performed in July 2013. The March 2015 MRI arthrogram of the shoulder demonstrates a complete rupture of the proximal biceps and a minimal articular surface partial-thickness rotator cuff tear.

The Official Disability Guidelines (ODG) supports a rotator cuff repair in the patient with a full thickness rotator cuff tear. The following conditions should be ruled out prior to surgery: frozen shoulder and cervical pathology. Rotator cuff tears involving greater than 50 % thickness of the tendon are also considered for repair. This patient does not meet criteria for a rotator cuff repair, as his tear is described as "minimal". Repair of the rotator cuff is not appropriate in this patient.

The patient also has a complete biceps tendon tear. His biceps strength is graded 4+/5. He has no visible biceps deformity. According to the ODG, biceps tenodesis is typically performed for partial tears of the biceps tendon

associated with pathology in the superior labral (SLAP) region, not complete ruptures. Complete biceps tendon ruptures are typically treated non-operatively in older patients, with little functional deficit. It is unclear whether this patient has any functional deficits associated with his biceps injury, to support the medical necessity of biceps tenodesis. Therefore, the request for Right Shoulder Arthroscopy with RTC repair, and possible bicep tendinosis, is non-certified.

The proposed procedures are not recommended based on the records reviewed.

ODG Guidelines: **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 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 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, 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 MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.

([Washington, 2002](#))

For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).

Criteria for Surgery for Biceps tenodesis:

- After 3 months of conservative treatment (NSAIDs, PT)
- Type II lesions (fraying and some detachment)
- Type IV lesions (more than 50% of the tendon is involved, vertical tear, bucket-handle tear of the superior labrum, which extends into biceps, intrasubstance tear)
- Generally, type I and type III lesions do not need any treatment or are debrided
- Also patients undergoing concomitant rotator cuff repair
- History and physical examinations and imaging indicate pathology
- Definitive diagnosis of SLAP lesions is diagnostic arthroscopy
- Age (otherwise consider SLAP repair).

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)**