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06/20/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Left Shoulder Arthroscopy CPT29806

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: American Board Certified Physician of Orthopedic Surgery with over 17 years' experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

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]:

Patient is a male Date of Work injury XX/XX/XX when he tripped over XX and fell and dislocated his left shoulder. He has completed conservative medication therapy, physical therapy, and surgical intervention. Pt is followed by pain management and orthopedic. Pt is still unable to return to work because L shoulder continues to be unstable. Request is for Left Shoulder Arthroscopy CPT29806.

XX/XX/XX: XR L Shoulder read: Impression: Normal Left Shoulder

XX/XX/XX: Operative Report: Preoperative diagnosis: Left shoulder anterior instability with history of multiple dislocations. Postoperative diagnosis- Left shoulder superior labrum anterior/posterior tear absent anterior capsule labral tissue anterior glenoid bone loss, Hill-Sachs lesion. Operative Procedure: 1. Arthroscopic SLAP repair. 2. Arthroscopic Remplissage procedure with repair of infraspinatus into Hill-Sachs lesion

XX/XX/XX: XR L Shoulder: Impression: Post op changes, otherwise negative plain radiographs of the shoulder.

XX/XX/XX: Procedure Documentation - Documents difficult to read. Corticosteroid Injection was given. Pt tolerated procedure well.

XX/XX/XX: PT Plan of care Evaluation: Duration 4 weeks, twice weekly or up to 8 sessions within 30 days. Home Exercise program after symptoms subside.

XX/XX/XX: Office Note - Here for Pain Control. Pt reports pain to lumbar as well as his left shoulder. Pt states Lumbar MMB helped 0%. Pt has started therapy which does seem to be helping. Pt states he has not gotten rx for Zanaflex due to wanting rx to be 4mg and not 6mg. Norco Pill count #42 as per pharmacist medications is at pharmacy. Denies numbness, weakness or burning sensation. Positive Hawkins left shoulder. This patient is being started on

chronic opioid therapy to control pain. Left should GH Intraarticular Joint Injection

XX/XX/XX: Office Note: Here for follow up. Pt is ambulatory, c/o pain to the lower back that radiates down the left leg. Also feels pain to the left shoulder. The left shoulder gh injection helped 75% Pill count 14 pt requests norco. L should with adequate ROM. Straight Left Leg raise. See back in 1 month continue PT.

XX/XX/XX: PT Daily Progress note: Pt states that he fell at work dislocating his L shoulder. Underwent surgery last XX and was seen here for PT XX-XX, but was then transferred to XXXXXXXXX afterwards, which he states did not help. Continues to have L shoulder pain, weakness limitation in reaching overhead, across the opposite axilla, and behind his back. Has been off work as a XX since injury. States that he cannot lift more that 8-10 lbs with L arm currently due to pain/ weakness. Assessment: Excellent treatment response still come shoulder pain at end rages of motion. Services cannot yet be performed independently by the patient or other caretakers. Pt has complete 15 out of 15 authorized visits, demonstrating improved shoulder ROM, Improved Strength, though deficits remain. Recommend an FCE to determine current capabilities/ physical demand level, with possible work conditioning program to follow to further normalize shoulder motion/strength while improving overall conditioning.

XX/XX/XX: Office Note: Today I had the opportunity to evaluate in consultation XX year old XX who present for evaluation regarding a work related injury which occurred to his left shoulder on XX/XX/XX. At this time, he tripped over a XX and fell on his left shoulder. He sustained a dislocation. He subsequently underwent closed reduction. He continued to have difficulty and underwent operative intervention which included an infraspinatus advancement type procedure with a SLAP labral repair. He has continued to have difficulty with his shoulder. He still feels that the shoulder is unstable. He has completed home exercises. He has been recently set up with PT. He occasionally has dyesthesias in the hand when he has episodes. He has not been able to return to his work activity. He presents today for further evaluation. PMH: Anxiety. Meds: Hydrocodone, Xanax. On physical exam, the arthroscopic portal sites were noted, ROM of the neck revealed negative Spurling sign. He was able to elevate to 165 degrees, external rotation to 65 degrees, and internal rotation to the T12 level. Further external rotation did reveal apprehension. His relocation test was positive in the anterior/inferior direction in the supine position. Rotator cuff strength testing revealed mild weakness with abduction secondary to supine position. Lift off test was negative. No scapular winging Sulcus sign mildly positive. Nontender over the acromioclavicular joint and the biceps tendon. Mildly positive impingement sign. Radiographs revealed evidence of two anchors in the humeral head posteriorly. Acromioclavicular joint subchondral sclerotic change was noted. The glenohumeral joint did not reveal degenerative changes. Type II acromion was noted. The patient also brought with him arthroscopic photos and this showed evidence of what appeared to be a Bankart type tear. This also showed evidence of a repair of the superior labrum and also an advancement procedure of what appeared to be the infraspinatus tendon. Status post left shoulder arthroscopic labral repair with rotator cuff advancement with continued anterior/inferior instability. Plan: We discussed the further treatment options. While he has undergone operative intervention he does continue to have instability. This is demonstrated by both his objective findings and symptomatic complaints. He relocation test and anterior apprehension sign were decidedly positive. At this time, he is to begin range of motion exercises. Because he is young and active and does have a Bankart type lesion, this is most likely will not result in symptomatic improvement. He will require an arthroscopic Bankart stabilization. He has not reached maximal medical improvement. He would be appropriate for modified work activity including that of avoiding overhead lifting, otherwise lifting over 20 lbs. He is a motivated individual and wants to get back to work but has been unable secondary to continued problems and company policy requiring return to work in a full capacity situation.

XX/XX/XX: Office Note: Pt here today ambulator. C/o pain in the left lumbar region only. Pt states he was off norco due to having the flu. Pill count 88. Pt went to see XX and is going to be set up for surgery.

XX/XX/XX: Office Note: Here for further evaluation. He continues to have a positive apprehension with external rotation. His rotator cuff appears functional. He elevated again to 165 degrees, external to 65 degrees, internal rotation to T12 level. Mildly positive impingement sign. Sulcus sign mildly positive. Anterior apprehension was noted along with positive relocation test. We have discussed the further treatment options. Unfortunately, he continues to have issues secondary to instability, this is due to the anterior /inferior labral tear. At this time, he has not responded to conservative care. A cortisone injection would not be indicated. His primary diagnosis is that of

instability. The options include that of arthroscopic exam of the right shoulder with indicated procedures including debridement with arthroscopic stabilization. He has already undergone extensive ROM exercises, anti-inflammatories will not afford him relief. At this time he has exceeded ODG guidelines.

XX/XX/XX: UR: The authorization request for Left Shoulder Arthroscopy was reviewed and determined that it does not meet medical necessity guidelines.

XX/XX/XX: Office Note: Pt here for follow up. His surgical intervention was denied. He has instability. The options include that of arthroscopic exam of the left shoulder with indicated procedures including debridement with arthroscopic stabilization. We will again appeal to the carrier for authorization.

XX/XX/XX: UR: The reconsideration of Left shoulder arthroscopy stabilization CPT-29806 has been completed and does not meet medical necessity guidelines.

XX/XX/XX: Office Note: XX presents for follow up. He is still having significant difficulty with his left shoulder. He had a cortisone injection last week which gave him only temporary relief. He continues to feel that the shoulder is unstable. On exam He continues to have a positive apprehension sign. Mild rotator cuff weakness was noted. Sulcus sign was positive. He was tender over the anterior aspect of the shoulder. He elevated to 160 degrees, external rotation to 55 degrees. Internal rotation to the L3 level. Left off test negative no muscular atrophy surrounding the shoulder region. Status post left shoulder arthroscopic labral repair with rotator cuff advancement with continued anterior/inferior instability. Again his arthroscopic photos shows a Bankart type tear which is accounting for his continued instability. This was not addressed in his shoulder surgery. He had a different type of procedure which unfortunately, did not result in complete resolution of his symptomatology. He has also undergone another cortisone injection which has not taken care of his problem. The suggestion at this time would be that of an IRO as no other options exist for him. He is motivated. He wants to go back to work. Operative intervention is necessary in order to address the structural problem that he still has. This is evidenced by the arthroscopic photos and his symptomatology. He will be seen in clinical follow up after he has had a chance to obtain the IRO work activity, avoid overhead lifting, otherwise lifting 20 lbs.

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

The request for Left Shoulder Arthroscopy CPT29806 is approved.

This patient sustained a left shoulder dislocation at work. He underwent a left shoulder arthroscopy with remplissage and SLAP repair. XX indicated in his operative report that the patient had inadequate anterior capsule and labral tissue. He felt that the patient may require a bony procedure in the future to address anterior bone loss.

The patient has continued instability in the shoulder, despite a full course of postoperative therapy. He has positive apprehension and relocation signs. XX has recommended an arthroscopic stabilization procedure.

Based on the records reviewed, the patient requires further surgery to address his shoulder instability.

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)**