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Date notice sent to all parties: 07/07/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left shoulder arthroscopy, acromioplasty, arthroscopic excision of the distal clavicle (Mumford procedure), and open repair of acute full thickness rotator cuff tear if needed

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

Board Certified in Orthopedic Surgery
Diplomate of the American Board of Orthopedic Surgery
Fellow of the American Academy of Orthopedic Surgeons
Fellow of the American Associate of Orthopedic Surgeons

REVIEW OUTCOME:

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Left shoulder arthroscopy, acromioplasty, arthroscopic excision of the distal clavicle (Mumford procedure), and open repair of acute full thickness rotator cuff tear if needed – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

XX examined the patient on X/XX/XX. He fell that day while XX. When he fell, he braced himself with his arm, injuring his left shoulder. His arms were locked and he jammed his shoulder inward into his joint. He noted he felt a burning sensation in his left arm after the injury and he had full range of motion, but it was

very painful to move. He had no numbness or tingling. He had posterior left shoulder tenderness on exam. Range of motion was full, but painful. Apley's was equivocal, but drop arm testing was negative. Left shoulder x-rays were normal. The assessment was left shoulder pain. He was referred for physical therapy and was given point relief gel and a sling. He was placed on modified duty. A left shoulder MRI dated XX/XX/XX revealed mild narrowing of the lateral outlet, which contributed to supraspinatus and infraspinatus tendinopathy and peritendinitis. There was a superimposed 7 x 3.6 mm. interstitial tear of the mid to posterior supraspinatus tendon at the footplate that varied between 30 and 80% tendon depth. There was a lobulated fluid collection, 1.3 x 2.6 cm, deep to the anterior deltoid and overlying the humeral head. It was not certain if this was a loculated subacromial/subdeltoid fluid or perimuscular ganglion. There was mild AC osteoarthritis and active edema in the distal clavicle and acromion process. XX, an orthopedic surgeon, examined the patient on XX/XX/XX. His MRI was reviewed. He noted he fell on the date of injury with his left arm abducted from his body to the left side. He felt a burning/tearing sensation in the left shoulder since that time. He reported pain with movement and decreased strength. He was a current every day smoker and was using Tylenol #3. He had left shoulder tenderness on exam with decreased range of motion. Impingement testing was positive. The diagnoses were tendonitis with impingement of the left shoulder, acute arthropathy of the left AC Joint, and acute full thickness rotator cuff tear. He recommended an operative procedure of arthroscopy, Near acromioplasty, arthroscopic excision of the distal left clavicle (Mumford procedure), and open repair of the acute full thickness rotator cuff tear if needed. On XX/XX/XX, XX provided a preauthorization request for the left shoulder surgery, which was denied XX/XX/XX. On XX/XX/XX, XX submitted another preauthorization request for the recommended surgery, which was again denied on XX/XX/XX.

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

The patient is a male who reported a work-related injury on XX/XX/XX. The reported mechanism of injury was a fall while XX, injuring his left shoulder. His initial medical evaluation demonstrated full range of motion, but painful, with normal plain x-rays. MRI scan on XX/XX/XX demonstrated a small high-grade partial-thickness posterior supraspinatus tear, tendinopathy/peritendinitis, a 1.3 cm x 2.6 cm cyst, and mild osteoarthritis of the acromioclavicular joint. XX, an orthopedic surgeon, evaluated the patient on XX/XX/XX and recommended the requested procedure. The request was non-certified on initial review on XX/XX/XX. His non-certification was upheld on reconsideration/appeal on XX/XX/XX. Both reviewers attempted peer-to-peer without success, despite multiple attempts. Both physicians cited the Official Disability Guidelines (ODG) criteria as the basis of their opinions.

The evidence based ODG criteria include the following. ODG, shoulder, surgery for impingement syndrome, the indications for surgery, acromioplasty, the criteria for anterior acromioplasty with diagnosis of acromial impingement syndrome

(80% of these patients will get better without surgery) include: 1) Conservative care, recommend three to six months. Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full range of motion, which would require both stretching and strengthening to balance the musculature; plus, 2) subjective clinical findings, pain with active arc motion 90 degrees to 130 degrees and pain at night; plus, 3) objective clinical findings to include 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 scan, ultrasound, or arthrogram showing positive evidence of impingement. For partial claviclectomy or Mumford procedure, the indications include the following criteria for partial claviclectomy including Mumford procedure with diagnosis of posttraumatic arthritis of acromioclavicular joint: 1) Conservative care, at least six weeks of care directed toward symptom relief prior to surgery. Surgery is not indicated before six weeks; plus, 2) subjective clinical findings of pain at the acromioclavicular joint, aggravation of pain with shoulder motion or carrying weight, or previous grade 1 or 2 AC separation; plus, 3) objective clinical findings to include tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan) and/or pain relief obtained with injection of anesthetic for diagnostic/therapeutic trial; plus, 4) imaging clinical findings to include conventional films showing either posttraumatic change of the AC joint or severe degenerative joint disease of the AC joint or complete or incomplete separation of the AC joint and bone scan positive for AC joint separation. Finally, the ODG indications for rotator cuff repair include the diagnosis of full thickness rotator cuff tear and cervical pathology and frozen shoulder have been ruled out: 1) Subjective clinical findings to include shoulder pain and inability to elevate the arm. Tenderness over the greater tuberosity is common in acute cases; plus, 2) objective clinical findings to include weakness with abduction testing, may also demonstrate atrophy of shoulder musculature, usually has full passive range of motion; plus, 3) imaging clinical findings to include conventional x-rays, AP and true lateral or axillary views and MRI scan, ultrasound, or arthrogram showing positive evidence of deficit in cuff. The criteria for rotator cuff repair or anterior acromioplasty with diagnosis of partial-thickness rotator cuff tear or acromial impingement syndrome (80% of these patients will get better without surgery): 1) Conservative care, recommend three to six months. Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full range of motion, which would require both stretching and strengthening to balance the musculature; plus, 2) subjective clinical findings which include painful arc from 90 degrees to 130 degrees and pain at night. Tenderness over the greater tuberosity is common in acute cases; plus, 3) objective clinical findings to include 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 to include conventional x-rays, AP and true lateral or axillary view, and MRI scan, ultrasound, or arthrogram showing positive evidence of deficit in the rotator cuff.

The ODG recommend at least a three to six month trial of conservative treatment. The documentation reviewed does not support a failure of an adequate trial of conservative treatment. There was no information from the therapist regarding the patient's response in the material available for review. There was no information regarding a diagnostic injection test. The patient demonstrated full range of active motion, according to the medical records. There were no physical findings documented to support the need for a distal clavicle resection or response to a diagnostic injection. The patient is less than three months status post injury and the documentation reviewed does not support the requested procedure, based upon the Official Disability Guidelines criteria, as outlined above. Therefore, the requested left shoulder arthroscopy, acromioplasty, distal clavicle resection (Mumford procedure), and open rotator cuff repair if needed are not medically necessary, reasonable, or supported by the evidence based ODG and the previous adverse determinations should be upheld at this time.

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)