AccuReview

An Independent Review Organization
569 TM West Parkway
West, TX 76691
Phone (254) 640-1738
Fax (888) 492-8305

[Date notice sent to all parties]: April 19, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Shoulder Surgery Arthroscopy, Repair of ruptured musculotendinous cuff open acute; reconstruction of complete shoulder (rotator) cuff avulsion chronic CPT: 29826, 23410, 23420, 29824

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is Board Certified in Orthopaedic Surgery with over 14 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 sustained a work related injury on XX/XX/XX while he was pushing on a pipe and felt a tearing sensation in his right shoulder and had an immediate onset of pain.

XX/XX/XX: Transcription: right shoulder pain. HE has pain with certain movements and feels like it catches and then has to move it slightly and then can move it more. He has a stingy feeling in the biceps at times and has pain on reaching arm across chest. HE is working but stated that they are expecting him to do more than he feels capable of and is concerned he may tear the shoulder with heavy lifting. PE: Right Shoulder: ROM limited in all planes, pain on arm to back and limited. Has pain on abduction and limited to about 110 degrees but has to move arm back to get it raised. Pain on arm across chest. Has weakness and pain on supraspinatus testing. Impingement positive, bicipital tendon and biceps testing intact. Assessment: Sprain of right shoulder 840.9, Rotator cuff (capsule) sprain 840.4. Plan: Start Medrol Pak, PT referral frequency 3xwk, x2wks, evaluate and treat.

XX/XX/XX: Transcription: right shoulder pain. PE: ROM limited in all planes and painful in all planes, has pain on all motions with only a limited ROM. He has elevation to about 70 degrees and abduction to about 45 but he is able to abduct further when he uses his other arm to lift the arm up. He has weakness on supraspinatus testing against force. PROM is good though painful. Assessment: Rotator cuff (capsule) sprain 840.4, sprain of right shoulder 840.9, AC joint pain 719.41, strain of thoracic region 847.1. Plan: MRI right shoulder; without contrast.

XX/XX/XX: MRI Right Shoulder. Impression: 1. Supraspinatus tendinosis with mild articular sided fraying but no discrete tear. 2. Mild proximal biceps tenosynovitis. 3. Mild spurring and edema along the AC joint.

XX/XX/XX: Transcription: right shoulder pain. Stated that right shoulder is no better and seems worse with limited ROM with pain, still catches like before. Reported no improvement with Medrol pak. PE: Right Shoulder: ROM:

limited in all planes and painful in all planes, has pain on all motions. He has elevation to about 70 degrees and abduction to about 45 but he is able to abduct further when he uses his other arm to lift the arm up. He has weakness on supraspinatus testing against force. PROM is good though painful. Assessment: AC joint pain 719.41, Muscle spasm 728.55, Rotator cuff (capsule) sprain 840.4, Sprain of right shoulder 840.9. Plan: Start Celecoxib 200mg.

XX/XX/XX: Transcription. CC: tight shoulder pain. Therapy is making shoulder more sore and he reported getting exercise at work. His shoulder hurts when he lifts the arm up. He is working modified but is frustrated that he is not able to do his regular work due to pain. PE: Right shoulder: painful in all planes, pain with almost all motions but more with arm to back and abduction. Assessment: Sprain of right shoulder 840.9, Rotator cuff (capsule) sprain 840.4. Plan: orthopedic specialist referral.

XX/XX/XX: Initial Orthopedic Evaluation. CC: claimant suffered an injury to his right shoulder when pushing pipe, felt a tearing sensation, and immediate onset of pain in his shoulder. PE: Anterior acromial tenderness. Weakness in abduction from 90 to 120 degrees with positive impingement sign, impingement test. Neurovascular status of the upper extremity in intact. ROM limited to 130 degreed abduction, flexion 130. His MRI shows downsloping acromion with inferior osteophytes and partial tear of rotator cuff. Impression: impingement syndrome, stage III partial tear rotator cuff. Recommendation: sterile injection in the subacromial space completed and claimant received temporary relief. He is to continue PT, off work, RTC in two weeks, if no improvement, he will be a candidate for acromioplasty and cuff repair.

XX/XX/XX: Recheck Report. Claimant has had temporary relief with a subacromial injection, but now has continued pain, difficulty sleeping at night, cannot lay on that side without causing significant pain, and awakening him at night. HE is unable to work with his condition now. PE: positive impingement sign, impingement test, tenderness to anterior acromial region. He has marked limitation of abduction for 90-120 degrees with significant pain. Flexion and abduction are limited. Impression: Tear rotator cuff with impingement and failed conservative care consisting of PT and temporary relief with a subacromial injection. Recommendations: rotator cuff repair, acromioplasty, right shoulder.

XX/XX/XX: UR. Reason for denial: Regarding right shoulder surgery arthroscopy, repair of ruptured musculotendinous cuff open acute; reconstruction of complete shoulder (rotator) cuff avulsion chronic; medical records documented shoulder pain with associated night symptoms including night awakening despite PT and a subacromial injection (which provided temporary relief). In addition, physical exam revealed a positive impingement, tenderness over acromial region, and limited ROM. However, and MRI dated XX/XX/XX documented only mild fraying with no discrete tear of the rotator cuff and mild spurring along the AC joint. Per ODG, supported surgical intervention for full thickness rotator cuff repairs when corroborated by imaging findings. In addition, ODG supports partial claviculectomy with imaging evidence of significant AC joint degeneration along with positive provocative maneuver. There was no documentation of cross body testing or tenderness over the AC joint. Given that there was no documentation of imaging findings consistent with a RCT, the request is not substantiated. Contact was unsuccessful to establish medical necessity however unable to obtain a modified agreement. Recommend non-certification.

XX/XX/XX: UR. Reason for denial: Request for right shoulder surgery arthroscopy, repair of rupture, muscle tenderness cuff open, acute; reconstruction of complete shoulder (rotator) cuff avulsion would not be medically necessary. MRI does not show a discrete tear of the rotator cuff, it shows some mild articular spurring along the AC joint as well. As there has been no additional information submitted to overturn the previous denial, medical necessity cannot be established. Uphold previous noncertification.

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

The request for right shoulder arthroscopy with rotator cuff repair is denied. Rotator cuff repair can be considered in the patient with a full thickness rotator cuff tear or high grade partial tear who has failed conservative treatment. This claimant is currently dealing with limited shoulder motion and pain. He has completed a course of physical therapy and a cortisone injection. His XX/XXXX MRI demonstrated rotator cuff tendinosis with mild articular sided

fraying. No discrete tear of the rotator cuff was identified. Based on the recent MRI study, this patient does not have a rotator cuff tear that requires surgical repair. Rotator cuff repair is not medically necessary for this patient. Therefore, after reviewing the medical records and documentation provided, the request for Right Shoulder Surgery Arthroscopy, Repair of ruptured musculotendinous cuff open acute; reconstruction of complete shoulder (rotator) cuff avulsion chronic CPT: 29826, 23410, 23420, 29824 is denied.

Per ODG:

Surgery for rotator cuff repair	**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).

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)**