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Date notice sent to all parties: 01/12/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left shoulder Cortisone injection

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

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 Cortisone injection - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

A left shoulder MRI XX/XX/XX revealed no full thickness or retractile tear of the rotator cuff tendons. There was tendinosis of the supraspinatus with intrasubstance/interstitial tearing and bursal surface peritendinosis. The remaining rotator cuff tendons were intact, as well as the long head of the biceps tendon. There were moderate to severe hypertrophic changes at the AC joint and lateral acromion downsloping. The unknown provider examined the patient on XX/XX/XX. He was loading equipment on a commercial truck while working in the rain. The trailer deck was wet and muddy, causing him to slip off the truck. When

he slipped, he grabbed a handrail causing his arm to be pulled. He had pain in the left shoulder, forearm, and left finger numbness. He had left shoulder tenderness and positive impingement signs with infraspinatus weakness. The diagnosis was a left shoulder strain rule/out impingement and tear. A left shoulder MRI arthrogram was recommended and then performed. There was minimal undersurface fibrillation of the subscapularis tendon with subjacent subcortical edema. There was minimal fibrillation of the articular surface of the mid supraspinatus at the bone tendon interface. There was no high grade partial or full thickness rotator cuff seen. There were normal rotator cuff muscles. There was a superior labral tear and mild AC joint arthrosis with capsular hypertrophy and slight lateral downsloping of the acromion with mild bursitis. The unknown provider reevaluated the patient. His left shoulder pain was worsening and was scheduled to see an orthopedist. Flexeril and Meloxicam were prescribed. XX examined the patient. It was noted he had been treated for his injury and was scheduled for surgery on XX/XX/XX for a SLAP repair, but he presented for a second opinion. He had completed at least 12 sessions of therapy and had had one Cortisone injection. It had been at least three months since he had attended any therapy. He was five feet seven inches tall and weighed 170 pounds. He had mild tenderness at the anterolateral corner of the acromion, bicipital groove, and the deltoid. He had moderately decreased range of motion of the left shoulder due to pain. Strength was moderately decreased and Neer's and Hawkin's were positive, as was empty can testing. The MRI arthrogram was reviewed. The patient noted his pain in the left shoulder radiated to his fingers and XX did not recommend surgery at that time. Physical therapy for four weeks was recommended and a Medrol Dosepak was prescribed. He was advised not to take NSAIDs due to his Crohn's disease. They would also request a left shoulder Cortisone injection. The patient was evaluated in therapy on XX/XX/XX and was noted to have major restriction of the posterior shoulder capsule, upper trapezius, and pectoralis. Therapy was recommended three times a week for four weeks to include neuromuscular reeducation, therapeutic exercises, and activities, and manual therapy. The patient attended therapy on XX/XX/XX and XX/XX/XX. XX reexamined the patient. His pain was 10/10 with movement and 3/10 with rest. He continued with moderately decreased range of motion, but he had been improving with therapy. Flexion was 80 degrees, abduction was 65 degrees, and the remainder of his motion was also reduced. Neer's and Hawkin's were positive. XX again recommended a left shoulder Cortisone injection due to his diagnosis of adhesive capsulitis and his intolerance to oral NSAIDs. He was advised to complete his therapy. XX provided a preauthorization request for a left shoulder Cortisone injection. XX provided an adverse determination for the requested left shoulder Cortisone injection. XX provided another adverse determination for the requested left shoulder Cortisone injection. On XX/XX/XX the patient followed-up. His complaints were unchanged and his examination revealed mildly decreased range of motion and strength of the left shoulder. Right shoulder capsulotomy was discussed and it was noted he was in the process of independent reviews for approval for more therapy and the injection. If those were not approved, the patient wished to proceed with the arthroscopic capsular release and decompression.

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

The patient is a male who reportedly injured his left shoulder after slipping on a wet surface, grabbing a railing, and sustaining a twist/jerk to the left upper extremity. The patient is now over XX months status post injury. He was initially diagnosed with a left shoulder strain. Plain films were negative for fracture or dislocation and a left shoulder MRI scan revealed degenerative rotator cuff changes without significant partial or complete rotator cuff tear, degenerative changes of the left acromioclavicular joint, and a reported large superior labral tear. The patient was reportedly to undergo a labral repair, but then was seen for a second opinion. XX recommended no surgery at that evaluation and recommended a course of physical therapy. The patient has subsequently completed at least 12 formal physical therapy sessions with some improvement, as documented by the therapist. His diagnoses have included adhesive capsulitis, impingement syndrome, bursitis, and superior glenoid labral tear. It is unclear from the medical documentation reviewed whether he has had a steroid injection and, if so, what the clinical response was.

The request was denied on initial review. XX denial was upheld on appeal/reconsideration. Both reviewers cited the ODG as the basis of their opinions. In addition, XX, when contacted, noted that he did not request the injection and strongly felt it was not indicated in the setting of a massive superior labrum anterior and posterior tear. The evidence based ODG criteria for steroid injections include the following: Diagnosis of adhesive capsulitis, impingement, or rotator cuff problems, except for posttraumatic impingement of the shoulder, not controlled adequately by recommended conservative treatments (physical therapy and exercise, non-steroidals or acetaminophen) after at least three months. Pain that interferes with functional activities (example, pain with elevation, significantly limiting work), intended for short-term control of symptoms to resume conservative medical management. It is generally performed without fluoroscopic or ultrasound guidance and only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms or if there has been no response. With several weeks of temporary partial resolution of symptoms and then worsening again in function, a repeat steroid injection may be an option; however, the number of injections should be limited to three. Recently, XX noted that if the injection was not approved he would recommend a capsular release and decompression. Therefore, the patient's diagnosis is unclear at best at this time. The inability to determine whether the patient has or has not undergone a previous injection and its clinical response clearly does not meet the criteria as outlined above. In addition, the patient's primary complaint has been radiation of pain from the left shoulder to the left fingers, which is not consistent with either adhesive capsulitis or SLAP tear. Therefore, the requested left shoulder Cortisone injection is not medically necessary or appropriate and does not meet the evidence based ODG criteria 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, OUTCOMEFOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**