

DATE OF REVIEW: 8/15/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

1 Right Shoulder arthroscopic rotator cuff repair versus debridement, biceps tenotomy versus tendosis, and subacromial decompression as an Outpatient.

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

M.D., Board Certified in Orthopedic Surgery.

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)

I have determined that the requested Right Shoulder arthroscopic rotator cuff repair versus debridement, biceps tenotomy versus tendosis, and subacromial decompression as an Outpatient is not medically necessary for the treatment of the patient's medical condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a XXXX who sustained an injury on XXXX. The mechanism of injury was described as a XXXX. Past medical history was positive for diabetes, hypertension, and hypercholesterolemia. The XXXX right shoulder MRI impression documented at least moderate supraspinatus tendinosis, and anteriorly there could be a bursal surface insertional partial thickness tear, the degree of which could not be accurately assessed on this exam. There was mild/moderate infraspinatus tendinosis, and mild subacromial/subdeltoid bursitis. Findings documented mild degenerative change at the acromioclavicular (AC) joint with type 2 acromion. The XXXX right shoulder x-rays demonstrated narrowing of the acromion radicular joint, with no significant displacement. The glenohumeral joint space was well-maintained. The XXXX treating physician report cited complaints of persistent right shoulder pain, rated grade 4/10 and unchanged since XXXX last visit. Conservative treatment had included physical therapy, two injections, and medications. There had been no change in symptoms with anti-inflammatory medication and muscle relaxers. Symptoms had improved with physical therapy and injection. Right shoulder exam documented significant tenderness in the cuff interval and AC joint, and 4-5 strength in flexion, abduction, external rotation, and subscapularis testing. Active range of motion was documented as flexion 140, abduction 130, and external rotation 30 degrees. Orthopedic testing documented positive impingement, Speed, and O'Brien's tests. MRI of the

right shoulder was reviewed and demonstrated what appeared to be rotator cuff tendinopathy with possible partial thickness rotator cuff tear. The diagnosis included right rotator cuff tendinopathy, partial thickness rotator cuff tear, and biceps tendinopathy. The patient had failed long-term conservative treatment including physical therapy and injections. Surgical intervention was recommended. Authorization was requested for right shoulder arthroscopic rotator cuff repair versus debridement, biceps tenotomy versus tenodesis, and subacromial decompression as an outpatient. The XXXX utilization review non-certified the request for right shoulder arthroscopic rotator cuff repair versus debridement, biceps tenotomy versus tenodesis, and subacromial decompression. The rationale stated that the Official Disability Guidelines criteria for surgery had not been met. Specifically, there was no MRI submitted for review evidencing rotator cuff deficits to support rotator cuff surgery. As the primary surgical procedure was not supported, the ancillary surgical services for biceps tenotomy versus tenodesis and subacromial decompression were not supported. The patient also did not have confirmed biceps pathology in the submitted clinical records to support biceps surgery, and a formal copy of the MRI was not submitted for review. The XXXX utilization review non-certified the appeal request for right shoulder arthroscopic rotator cuff repair versus debridement, biceps tenotomy versus tenodesis, and subacromial decompression. The rationale stated that the Official Disability Guidelines criteria for surgery had not been fully met. Specifically, there was a lack of documentation indicating difficulty performing overhead activities, pain at night, or a painful arc of motion. The MRI submitted indicated that the biceps anchor was intact. Additionally, the patient had received two injections but there was a lack of documentation indicating what type of injections were administered. Therefore, the previous decision was upheld.

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

The Official Disability Guidelines (ODG) recommend rotator cuff repair with or without acromioplasty for a diagnosis of partial thickness rotator cuff tear when surgical indications have been met. Criteria include 3 to 6 months of conservative treatment with exercise directed toward gaining full range of motion with both stretching and strengthening to balance muscles, PLUS subjective clinical findings of pain with active arc motion 90 to 130 degrees and pain at night, PLUS objective clinical findings of weak or absent abduction, tenderness over the rotator cuff, greater tuberosity or anterior acromial area, positive impingement signs, and temporary relief of pain with anesthetic injection, PLUS conventional x-rays and MRI, ultrasound or arthrogram show positive evidence of at least partial deficit in rotator cuff without significant fatty infiltration. The ODG criteria for biceps tenodesis (or tenotomy) include history, physical exam, and imaging indicating significant shoulder biceps tendon pathology or rupture, failure of 3 months of conservative treatment unless combined with a rotator cuff repair. Biceps tenodesis may be performed as an isolated procedure, or as part of a larger shoulder surgery such as a rotator cuff repair. There can be a partial detachment of the biceps tendon from the socket of the shoulder (SLAP tear), or simply advanced inflammation and irritation of the biceps tendon itself. Guidelines state that subacromial decompression for subacromial impingement syndrome is not recommended as an isolated procedure. Conservative treatment is recommended for at least one year unless the patient meets earlier surgical criteria for other associated shoulder diagnoses. The ODG criteria for subacromial decompression include subjective clinical findings of significant functional impairment, painful arc of motion, and pain at night, objective clinical findings of tenderness over the rotator cuff or anterior acromial area, positive impingement signs, and temporary pain relief with anesthetic injection, and imaging findings of convention x-rays and MRI, ultrasound or arthrogram showing positive evidence of impingement (subacromial bursitis, rotator cuff tendinosis, and type I or II acromion).

This patient presents with complaints of persistent grade 4/10 right shoulder pain. Right shoulder exam has documented rotator cuff and AC joint tenderness, abduction weakness, limited active range of motion, positive impingement signs, and imaging evidence of rotator cuff tendinosis and possible partial thickness tear with no significant fatty atrophy. Additionally, there is x-ray and MRI evidence of impingement morphology. However, guideline criteria have not been met for the primary rotator cuff repair. There is no documentation of a functional assessment or work status in the submitted medical records. There is no documentation of a painful arc of motion 90-130 degrees and no documentation of pain at night. There is no detailed discussion of injection trial and response. Additionally, criteria for impingement surgery have not been met relative to documentation of significant functional impairment, painful arc of motion pain at night, and temporary pain relief with anesthetic injection. As the primary surgery is not indicated and there is no imaging evidence of significant biceps pathology, the criteria for biceps tenodesis or tenotomy have also not been met. Therefore, the request for right shoulder arthroscopic rotator cuff repair versus debridement, biceps tenotomy versus tenodesis, and subacromial decompression as an outpatient is not medically necessary.

Therefore, I have determined the requested Right Shoulder arthroscopic rotator cuff repair versus debridement, biceps tenotomy versus tendoesis, and subacromial decompression as an Outpatient is not medically necessary for treatment of the patient's medical condition.

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)