

***CASEREVIEW***  
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**January 31, 2018**

**IRO CASE #: XXXX**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient Surgery-Diagnostic Shoulder Arthroscopy, Distal Clavicle Excision, Open Subscapularis Repair

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

This physician is a Board Certified Orthopedic Surgeon with over 18 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 XX year old XX who was injured on XXXX. XX was XXXX.

On XXXX, the claimant presented to ETMC's ED with pain in XX left shoulder. While working, XX felt XX left shoulder pop out and back in. X-ray showed no acute osseous abnormality. XX was placed in a sling and prescribed Ibuprofen. No work for 4 days and no driving.

On XXXX, the claimant presented to XXXX, FNP-C with the complaint of constant joint pain of the left upper extremity and associated weakness. On examination there was moderate tenderness of the left shoulder. Active ROM: abduction, adduction, internal rotation and external rotation were all reduced. There was reported increased pain when moving the shoulder or reaching out. Diagnosis: Unspecified dislocation of left shoulder joint. Plan: Fit for duty with restrictions. Prednisone 20 mg was prescribed.

On XXXX, the claimant presented to XXXX, FNP-C stating XX was doing a lot better but the mobility of XX left arm was still limited. He was trying to move it horizontally but it didn't go above XX shoulder. XX reported pain and limited ROM and had trouble carrying a small bag of light bulbs and dropped the bag unintentionally. On physical examination, XX still had moderate tenderness of the left shoulder muscles and XX abduction was still reduced. Plan: Prescribed meloxicam 7.5 and MRI ordered. XX was placed on restrictions for work.

On XXXX, MRI Left Shoulder Impression: 1. Moderate partial thickness intrasubstance tear of the subscapularis tendon. There is some associated medial subluxation of the long head biceps tendon. 2.

Mild partial thickness articular surface tear of the supraspinatus tendon.

On XXXX, the claimant presented to XXXX, MD with complaints of sharp and burning pain rated as 6/10 that was constant in nature associated with popping and sliding of the left shoulder. Following the MRI in XXXX XX had not had any subsequent treatment. XX has been taking some tramadol, meloxicam, T3 and gabapentin. XX has had difficulty with any lifting activities. On examination XX forward elevates with a pseudo paralytic pattern, abducts to about 30 degrees, and externally rotates to 20 degrees with severe pain. XX has excellent external rotation strength and decent supraspinatus strength. XX does not do normal belly press and has significant weakness with bear hug testing. Dr. XXXX disagreed with the reading of the MRI and reported XX had subluxation of the biceps tendon intermittently associated with the lesser tuberosity which would be indicative of a full-thickness subscapularis tear. XX does have tendinosis of the supraspinatus and XX has moderate AC arthrosis. Assessment/Plan: Full thickness rotator cuff tear. XX has failed to improve over the last 2 months. It is my feeling that XX would not improve with non operative treatment because the subscapularis is a full-thickness tear and there are no other internal rotators of the humeral head sufficient to take over for it. I would recommend diagnostic shoulder arthroscopy with distal clavicle excision and open subscapularis repair with biceps tenodesis.

On XXXX, XXXX, MD performed a UR. Rationale for Denial: In this case, imaging and examination findings are appreciated. However, guidelines require documentation of the failure of at least 3-6 months of conservative care prior to the consideration of the requested procedure. The records indicate that the patient has not had any conservative treatments other than medications. In addition, there are no examination findings suggestive of impingement. Consequently, the patient does not meet guideline criteria for the requested procedure at this time. Therefore, my recommendation is to NON-CERTIFY the request.

On XXXX, XXXX, DO performed a UR. Rationale for Denial: This is an appeal of a previous denial which noted lack of records to support failure of reasonable non-operative management as well as limited objective findings regarding impingement in the left shoulder. The available records did not document failure of reasonable non-operative measures as recommended by current evidence based guidelines. Furthermore, while the treating provider is disagreeing with the MRI findings, there is no formal addendum for the radiologist noting more extensive findings.

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

The request for diagnostic shoulder arthroscopy, distal clavicle excision, and open subscapularis repair is denied.

This patient was injured at work in XXXX. XX shoulder MRI demonstrated partial thickness tears of the supraspinatus and subscapularis. In XXXX, the treating physician recommended diagnostic arthroscopy with distal clavicle excision and open subscapularis repair with biceps tenodesis.

The Official Disability Guidelines (ODG) supports repair of a rotator cuff tear in patients with subjective and objective clinical findings, which correlate with imaging findings. Failure of 3-6 months of conservative care is required prior to surgical consideration. This care includes physical therapy and cortisone injections.

This patient has not completed a full course of conservative care over 3-6 months. There is no

documentation of XX response to physical therapy or injections. Based on the records reviewed, it is unclear whether the patient has a true full thickness rotator cuff tear of the subscapularis, identified by the treating physician, not the radiologist. A diagnostic arthroscopy can be considered upon completion of the recommended conservative care.

The requested surgery is not medically necessary at this time.

**PER ODG:**

<p>Diagnostic arthroscopy</p>	<p>Recommended as indicated below.</p> <p>For average hospital LOS if criteria are met, see <a href="#">Hospital length of stay (LOS)</a>.</p> <p>Criteria for diagnostic arthroscopy (shoulder arthroscopy for diagnostic purposes): Most orthopedic surgeons can generally determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Shoulder arthroscopy should be performed in the outpatient setting. If a rotator cuff tear is shown to be present following a diagnostic arthroscopy, follow the guidelines for either a full or partial thickness rotator cuff tear. (<a href="#">Washington, 2002</a>) (<a href="#">de Jager, 2004</a>) (<a href="#">Kaplan, 2004</a>)</p>
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<p>Surgery for rotator cuff repair</p>	<p>Recommended as indicated below.</p> <p>See also <a href="#">Surgery for impingement syndrome</a>; <a href="#">Continuous passive motion (CPM)</a>; <a href="#">Platelet-rich plasma (PRP)</a>; <a href="#">Stem cell autologous transplantation</a>.</p> <p><b><u>ODG Indications for Surgery™ -- Rotator cuff repair:</u></b></p> <p><b>Criteria</b> for rotator cuff repair with diagnosis of <u>moderate to large full-thickness</u> rotator cuff tear AND cervical pathology and frozen shoulder syndrome have been ruled out:</p> <p><b>1. Subjective Clinical Findings:</b> Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. PLUS</p> <p><b>2. Objective Clinical Findings:</b> Weakness with abduction/external rotation testing. May also have mild atrophy of shoulder musculature. Should have full passive range of motion. PLUS</p> <p><b>3. Imaging Clinical Findings:</b> Conventional x-rays, AP, and true lateral or axillary views AND MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff <u>without significant fatty infiltration</u> (atrophy).</p> <p><b>Criteria</b> for rotator cuff repair AND/OR anterior acromioplasty with diagnosis of <u>small full-thickness or partial-thickness</u> rotator cuff tear OR acromial impingement syndrome (80% of these patients will get better without surgery.)</p> <p><b>1. Conservative Care:</b> Recommend 3 to 6 months: Three months is generally adequate if treatment has been continuous, six months if treatment has been intermittent. Exercise must be directed toward gaining full ROM, with both stretching and strengthening to balance muscles. Earlier surgical</p>
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intervention may be required with failure to progress with therapy, high pain levels, and/or mechanical catching. PLUS

**2. Subjective Clinical Findings:** Pain with active arc motion 90 to 130 degrees. AND Pain at night. PLUS

**3. Objective Clinical Findings:** Weak or absent abduction; may also have mild atrophy of shoulder musculature, AND Tenderness over rotator cuff, greater tuberosity, or anterior acromial area. AND Positive impingement signs 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 views AND MRI, ultrasound, or arthrogram shows positive evidence of at least partial deficit in rotator cuff without significant fatty infiltration (atrophy).

For average hospital LOS if criteria are met, see [Hospital length of stay \(LOS\)](#).

**Risk versus benefit:**

Repair of rotator cuff tears can improve pain and function for carefully selected patients, although conservative treatment has reported outcomes often equivalent to surgical management, but without surgical risks. Results following physical therapy, debridement/acromioplasty, and rotator cuff repair for symptomatic non-traumatic rotator cuff tears were similar at mid-term follow-up. One-third of rotator cuff repairs ultimately fail, 3 out of 4 within three months of surgery. The re-tear rate has been somewhat predictable based on tear size, between 10% for  $\leq 2$  cm<sup>2</sup> up to almost 60% for  $> 8$  cm<sup>2</sup>. Surgical outcomes are much better in younger patients who are less likely to have degenerative changes. Outpatient rotator cuff repair is well-accepted and relatively cost effective. Workers' compensation status and/or diabetes predict generally worse outcomes following repair. Revision repairs are inferior to primary, having doubled failure rates at 2 years. Post-operative infection following cuff repair has been  $< 1\%$  overall, but higher for open approaches and male sex. Open repairs also have more than double the incidence of early complications (infection, readmission, or return to surgery) compared to arthroscopic procedures. Problematic postoperative stiffness occurs in 5-10% of arthroscopic repairs. Fatty infiltration on pre-operative MRI portends poor surgical outcomes. *For specific research and discussion see below.*

**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)**