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Date notice sent to all parties: 01/29/18

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right shoulder arthroscopic capsular release with lysis of adhesions and debridement

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 of the American Academy of Orthopedic Surgeons
Fellow of the American Association of Orthopedic Surgeons

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X 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.
Right shoulder arthroscopic capsular release with lysis of adhesions and debridement – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

Dr. XXXX examined the patient on XXXX and had undergone right shoulder surgery on XXXX. XX had pain in the shoulder and noted the carrier would not approve any additional therapy. XX right shoulder was non-tender and ROM was identical in the shoulders. Strength was 5/5 in the upper extremities and DTRs were 4/4. Hawkin's and Neer's were positive on the right. XX was asked to return in 3 months, but did so on XXXX for his FCE results. This demonstrated weakness and pain in certain positions. More therapy was felt to be of benefit. XX was then initially evaluated on XXXX. On XXXX, the patient returned to Dr. XXXX on XXXX. Now, his right shoulder extension and internal rotation were 34 degrees, flexion was 110 degrees, abduction was 104 degrees, adduction was 12 degrees, and external rotation was 41 degrees. Strength was 4/5 in the right shoulder versus 5/5 in

the left. Another MRI was ordered, as XX previous MRI showed a small full thickness defect that was read as only tendinosis. A right shoulder MRI was obtained on XXXX and revealed a very low grade partial tearing of the superior fibers of the subscapularis tendon. There was mild osteoarthrosis of the right clavicular joint noted without causing significant stenosis of the supraspinatus outlet. There was a mixture of intermediate and high T2 signal intensity visualized in the posterior two-thirds of the supraspinatus, which could represent granulation tissue related to prior surgical repair (more likely) versus partial thickness intrasubstance tendon tear. There was no full thickness tendon defect or medial retraction detected in the rotator cuff. Dr. XXXX reviewed the MRI on XXXX. The ROM findings documented were the same as previously documented. A right subacromial Cortisone injection was performed at that time and 4 sessions of therapy were recommended. On XXXX, the patient stated the injection helped his symptoms, but XX still had constant pain. Right shoulder flexion and abduction were 180 degrees, extension was 60 degrees, internal rotation was 70 degrees, adduction was 30 degrees, and external rotation was 90 degrees. Strength was 5/5. Since there was a painful catch in the scapular plan with abduction, it was noted the patient had not improved since surgery. Therefore, a right shoulder debridement and lysis of adhesions was recommended. On XXXX, the patient had increased pain in the right shoulder. His ROM was unchanged. A right hand third digit A1 pulley injection was performed at that time and right shoulder surgery was again recommended, which XXXX provided a denial for on XXXX. Dr. XXXX followed-up with the patient again on XXXX. Now, XX extension was 30 degrees, flexion was 120 degrees, internal rotation was 20 degrees, abduction was 80 degrees, adduction was 15 degrees, and external rotation was 60 degrees. Strength was 4/5. Right shoulder arthroscopic capsular release with lysis of adhesions and debridement was again recommended. On XXXX, a preauthorization request was submitted for a right shoulder arthroscopic capsular release with lysis of adhesions and debridement, which XXXX provided another denial for on XXXX.

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

The patient is a XX-year-old XX who reportedly injured XX right shoulder on XXXX. XX subsequently underwent a rotator cuff repair with subacromial decompression and debridement on XXXX. XX was then evaluated by Dr. XXXX on XXXX and began treatment for XX right shoulder. XX main complaints appeared to be pain and weakness, though Dr. XXXX documented normal range of motion both actively and passively with normal motor strength. A repeat MRI scan on XXXX documented no focal full-thickness tears and no rotator cuff atrophy. Again, multiple intervening examinations especially documented normal motor strength and function. Additional physical therapy was subsequently ordered on XXXX. Dr. XXXX recommended the procedure on XXXX, despite normal active/passive range of motion with normal strength. A peer-to-peer was done with XXXX, P.A. on XXXX who noted he had not examined the patient and could provide no additional information. On XXXX, XXXX now documented an examination with a global decrease in all planes of range of motion, both actively and passively, as well as global weakness. The requested procedure was non-certified on XXXX on initial review by orthopedic surgeon Dr. XXXX. His non-certification was upheld on reconsideration/appeal by orthopedic surgeon Dr. XXXX. Both reviewers attempted a peer-to-peer and cited the evidence-based Official Disability Guidelines (ODG) as the basis of their opinions.

The evidence-based ODG note that the management of adhesive capsulitis is understudied. The clinical course of this condition is considered self-limiting and conservative treatment (physical therapy and non-steroidals) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment (Dudkiewicz, 2004) (Guler-Uysal, 2004) (Castellarin, 2004) (Berghs, 2004). Study results support the use of physical therapy and injections for patients with adhesive capsulitis (Pajareya, 2004) (Carette, 2003) (Arslan, 2001). The latest UK health technology assessment on management of frozen shoulder concludes that

arthrographic distension, also called hydrodilatation, which involves controlled dilatation of the joint capsule under local anesthetic with sterile saline or other solution such as a local anesthetic or steroid guided by radiological imaging (arthrography), needs more study. There is insufficient evidence to draw conclusions about the efficacy of distension, arthrographic or non-arthrographic, for frozen shoulders. In conclusion, few studies of distension were identified and only single studies of different comparisons were available. Based on one study of satisfactory quality, there is little evidence of potential benefit with distension compared with placebo. In conclusion, although the evidence available suggested potential benefit from capsular release, these studies were at high risk of bias and cannot be used to draw conclusions regarding the efficacy of this treatment for frozen shoulder (Maund, 2012). It is currently unclear as to whether there is a difference in the clinical effectiveness of an arthroscopic capsular release compared to manipulation under anesthesia in patients with recalcitrant, idiopathic adhesive capsulitis. The quality of evidence available is low and the data available demonstrates little benefit. A high quality study is required to definitively evaluate the relative benefits of these procedures (Grant 2013). Dr. XXXX's examinations have consistently documented normal active and passive range of motion without any strength deficits. The records reviewed does not support the requested procedure as outlined by the ODG. Therefore, the requested right shoulder arthroscopic capsular release with lysis of adhesions and debridement is 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**

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

X 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)**