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**Date notice sent to all parties:** 07/17/18

**IRO CASE #:** XXXX

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

Left shoulder arthroscopic decompression, repair of rotator cuff, and debridement with possible open rotator cuff repair

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

Board Certified in Orthopedic Surgery  
Fellow of the American Academy of Orthopedic Surgery  
Fellow of the American Association of Orthopedic Surgeons  
Diplomate of the American Board of 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)

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 arthroscopic decompression, repair of rotator cuff, and debridement with possible open rotator cuff repair – Overturned

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Left shoulder x-rays on XX revealed abnormal density at the greater tuberosity of the proximal left humerus. Mild impaction deformity was not excluded. A left shoulder MRI on XX revealed a prior rotator cuff tear surgery with a full thickness retracted tear of the supraspinatus with full thickness tears of the distal infraspinatus and distal subscapularis portions of the rotator cuff, non-retracted. There was a joint effusion freely communicating with the subacromial and subdeltoid spaces and there was a large joint effusion in the subcoracoid bursa. There was moderate hypertrophic osteoarthropathy of the AC joint. XX saw the patient on XX and XX noted XX was unable to place XX left hand behind XX

head. XX had left shoulder tenderness to palpation. XX was continued in the sling and referred to an orthopedist. XX then examined the patient on XX. XX had fallen at work on XX and had pain to the lateral aspect of the left shoulder. XX had previous rotator cuff surgery XX prior. Supraspinatus strength was 2+/5 and impingement was positive. The assessment was a complete tear of the left rotator cuff. Arthroscopic decompression of the shoulder, arthroscopic repair of the rotator cuff, arthroscopic debridement, and possible open rotator cuff repair with acromioplasty was recommended at that time. A utilization review referral was then submitted on XX and the carrier provided an adverse determination for the requested left shoulder surgery on XX. A request for reconsideration was submitted on XX and the carrier provided another notice of adverse determination on XX. On XX, XX addressed a letter noting the patient had significant pain at the moment of impact and had significant pain in the left shoulder since that time. XX had no signs or symptoms in the left shoulder prior to the XX injury XX noted when XX was seen on XX, XX had swelling and painful range of motion. XX felt the tear seen on the MRI was acute, as no fatty atrophy of the muscles. It was noted the patient might need an allograft patch during surgery, which was felt to be necessary at that time.

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

The patient is a XX who reportedly injured XX left shoulder in a fall at work. There is no report of injury in the medical documentation reviewed, but the reported mechanism was falling off XX and landing XX on the left shoulder. The initial medical documentation is missing specific physical examination including range of motion and specific shoulder tests. Another confounding factor was the patient's past medical history of prior rotator cuff tear to this shoulder XX previously. It was unclear what function XX had after that surgery compared to XX function after the fall. MRI imaging on XX reported a three-tendon tear with retraction of the supraspinatus, but did not actually quantify the size. There was also noted to be artifact secondary to the prior surgical procedure and preexisting degenerative osteoarthropathy of the acromioclavicular joint. The patient was eventually seen by XX on XX. XX physical examination clearly documented physical findings of the right shoulder, not the left. XX recommended surgery at that point. The peer reviewer had attempted multiple times a peer-to-peer without success. XX. Non-certified the request on XX. XX non-certification was upheld on reconsideration/appeal by XX. Both reviewers cited the discrepancies in the medical documentation and based their opinions on the evidence based Official Disability Guidelines (ODG). XX authored a letter on XX, in which XX clarified the discrepancy side and noted that the findings correlated with acute tear versus chronic (fatty infiltration), but still did not quantify the size, which appeared to be large by innuendo.

The ODG indications for surgery for rotator cuff repair include the following: A diagnosis of moderate to large full thickness rotator cuff tears and cervical pathology and frozen shoulder have been ruled out. 1) Subjective clinical findings to include shoulder pain and inability to elevate the arm, tenderness over the

greater tuberosity is common in acute cases; plus, 2) Objective clinical findings which include weakness with abduction/external rotation testing, may also have mild atrophy of shoulder musculature, should have full passive range of motion; plus, 3) Imaging clinical findings to include conventional x-rays, AP and lateral, true or axillary views, and MRI scan, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff without significant fatty infiltrations (atrophy). The criteria for rotator cuff repair and/or anterior acromioplasty with diagnosis of small full thickness or partial thickness rotator cuff tears or acromial impingement syndrome (80% of these patients will get better without surgery) include: 1) Conservative care recommended three to six months. Three months is generally adequate if treatment has been continuous, six months if treatment has been intermittent. Exercise must be directed toward regaining full range of motion with both stretching and strengthening to balance muscles, early surgical intervention may be required with failure to progress with therapy, high pain levels, and/or mechanical catching; plus, 2) subjective clinical findings to include pain with active arc motion, 90 degrees to 130 degrees, and pain at night; plus, 3) objective clinical findings which include weak or absent abduction, may also have mild atrophy of shoulder musculature and tenderness over rotator cuff tuberosity or anterior acromial area and positive impingement signs and temporary relief of pain with anesthetic injection; plus, 4) imaging clinical findings which include conventional x-rays, AP and lateral, true or axillary view and MRI scan, ultrasound, or arthrogram shows positive evidence of at least partial deficit in rotator cuff without significant fatty infiltration (atrophy).

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 symptoms, non-traumatic rotator cuff tears were similar at mid-term follow-up. One-third of rotator cuff repairs ultimately fail, three out of four within three months of surgery. The re-tear rate has been somewhat predictable based on pure size, between 10% for those less than or greater than 2 cm square up to almost 60% for greater than 8 cm square. 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 double failure rates at two years. Postoperative infection following cuff repair has been less than one percent overall, but higher for open approaches and XX sex. Open repairs also more than double the incidence of early complications (infection, re-admission, or return to surgery) compared to arthroscopic procedures. Problematic Post-operative stiffness occurs in 5-10% of arthroscopic repairs. Fatty infiltration on preoperative MRI scan portends poor surgical outcomes. In this particular case, it also should be noted that this would be a revision rotator cuff repair. The results of revision rotator cuff repair are inferior to those of primary repair. While pain relief may be achieved in most patients, selection criteria should include patients with an intact deltoid origin, good quality rotator cuff tissue, preoperative elevation

above the horizontal, and only one prior procedure. (Djurasovic 2001) Although revision rotator cuff repair has similar short-term outcomes with primary surgery, by two years symptomatic re-tearing was twice as likely. (Shamsudin 2005). Though there are significant deficits in the clinical documentation reviewed, the patient does appear to meet the criteria as outlined by the ODG. Therefore, the requested left shoulder arthroscopic decompression, rotator cuff repair, debridement, and possible open rotator cuff repair are medically necessary, reasonably related, and supported by the evidence-based ODG and the previous adverse determinations should be overturned 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, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)