

# Icon Medical Solutions, Inc.

P.O. BOX 169  
Troup, TX 75789  
P 903.749.4272  
F 888.663.6614

**DATE:** 8/20/18

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

Right Shoulder Arthroscopy Diagnostic and Operative Scope with Debridement of Rotator Cuff Subacromial Decompression

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

The reviewer is certified by The American Board of Orthopedic Surgery with over 10 years of experience.

## **REVIEW OUTCOME:**

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

Overturned (Disagree)

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 XXXX with a date of injury of XXXX. Claimant was XXXX when XXXX felt a pop in XXXX right shoulder and was unable to continue to work secondary to pain. XXXX was later diagnosed with a partial right rotator cuff tear, sprain of the right shoulder and right shoulder pain.

XXXX: Initial evaluation with XXXX. Pt states XXXX is having right shoulder pain. At the time of injury, XXXX experienced numbness in XXXX fingertips but states XXXX no longer feels numbness. Pain is 5-10. Right Shoulder: Decreased ROM in all planes. Numbness and tingling in the UE's. No obvious deformities. Tenderness anterior. ROM- 110<sup>0</sup> abduction, 140<sup>0</sup> flexion, 45<sup>0</sup> external rotation, 80<sup>0</sup> internal rotation, 75<sup>0</sup> extension. Muscle testing normal and SITS muscles intact. Deep tendon reflex are normal. X-rays were negative for fracture or dislocation. Medications: XXXX. Limited duty.

XXXX: MRI Right Shoulder. Impression- 1. Approximate 10% thickness surface and intrasubstance partial tearing of the distal supraspinatus and infraspinatus tendons. No full thickness rotator cuff tendon tears are appreciated. 2. Small glenohumeral at joint effusion and small subacromialsubdeltoid bursitis. 3. Mid biceps tenosynovitis. 4. Sources for rotator cuff

impingement in this patient include acromioclavicular joint capsular hypertrophy and lateral acromion downsloping.

XXXX: Operative report by XXXX. Right Shoulder Arthrogram. Interpretation of arthrogram. XX into shoulder. There is normal filling of the axillary recess, subscapularis recess, and bicep tendon sheath. There is no evidence of contrast extension into the subacromial/subdeltoid bursa or over the greater tuberosity. There is no extracapsular extravasation of contrast.

XXXX: Progress Note by XXXX. Pt suffering from persistent pain. C/O pain and muscle tenderness throughout the neck to the right arm, causing limitations in normal function. Pt also c/o tenderness, pain and limited function of the right shoulder. Pain is constant and interferes with daily activities and sleep. Rest and analgesics help provide temporary pain relief, lifting heavy objects increases the pain. Pt has undergone R shoulder injection with minimal symptom improvement. Current Medications: NSAIDs, muscle relaxant and XXXX. Examination: Cervical pain that radiates to the right arm. Tenderness was noted on palpation of the cervical paraspinal musculature. Pain elicited with palpation of the R shoulder and surrounding soft tissues. Cervical ROM is restricted in all planes. R shoulder AROM limited due to pain. Sensation is grossly intact for upper and lower extremities. Strength of upper and lower extremities is 5/5 throughout. (+) Right Spurlings Test- reproduced pain radiating to the arm with numbness/tingling in the right hand. (+) Right Shoulder Impingement Test- reproduced sharp pain in shoulder. Assessments- 1. Incomplete tear of right rotator cuff. 2. Radiculopathy. Physical examination, findings, and pt's persistent pain complaints, correlate with reported trauma resulting in injuries of Cervical Spine and Right Shoulder. The pt's R shoulder injuries include supraspinatus tendon partial tear, as demonstrated by MRI obtained after the accident. Pt continues to suffer from persistent cervical pain, will recommend advanced diagnostic imaging for further evaluation of injuries. Will continue conservative management until MRI images are available for in depth review of symptoms and injuries in order to plan for treatment if necessary.

XXXX: Progress Note by XXXX. Pt continues to c/o persistent pain in the right shoulder. Also c/o dull, aching pain of the neck with associated sharp, shooting pain and paresthesias, radiating from the neck to the right arm. Reports continued dependence on analgesics for pain relief, and ADLs remain limited. Tenderness of R shoulder with palpation and surrounding tissues. Paresthesia of R arm. (+) Spurling's Test- reproduced pain radiating to the arm with numbness/tingling. F/u with Ortho Surgeon for re-eval. Continue analgesics for pain relief. XXXX.

XXXX: Office Visit with XXXX. C/o pain/ache in R shoulder. Pain is constant. Aching, dull, sharp and stabbing. At worst, pain is 9/10. At best, pain is 3/10. On average, pain is 6/10. Pain is made worse by increased activity, lifting and movement. Pt has had PT for R shoulder for a few months, which didn't help much. Pain wakes XXXX up at night. Pt gets occasional numbness to R arm, worse at night. Pt has been off work since XXXX. Pt takes XXXX, which cause XXXX to sleep and helps little with the pain. Physical Examination- Shoulder- on palpation, there is tenderness noted over the right bicipital groove, posterior deltoid muscle and rotator cuff. Right Shoulder ROM: Tested. Active FF 90, abd 90 with pain. Right shoulder labral test findings: Positive. Right Shoulder Impingement: Positive. Reviewed MRI read by radiologist, a partial thickness supraspinatus and infraspinatus tear with mild biceps

tenosynovitis and acromion downsloping. Discussed conservative versus surgical options. Considering pain has been present since XXXX injury in XXXX and XXXX didn't have any pain in shoulder prior to this date and considering XXXX has tried cortisone injection and physical therapy and oral medications and XXXX continues to have pain, the final option is surgery. I recommend a diagnostic and operative arthroscopy right shoulder with debridement of rotator cuff and subacromial decompression.

XXXX: Post Designated Doctor's Required Medical Examination by XXXX. Surgery would not be effective for this case. For impairment rating, I do not have complete set of ROM findings as of the MMI date, which was XXXX. I saw the patient on XXXX; therefore, I will use those ranges of motion of flexion 120 degrees which is 4%, extension is 50 degrees which is 0%, abduction to 110 degrees which is 3%, adduction is 50 degrees which is 0%, internal rotation and external rotation both to 80 degrees but still would rate at 0% each. These are added together for a 7% Impairment Rating of the RUE or 4% whole person. In summary, it would be my opinion that the patient was at MMI on XXXX with a 4% Whole Person Impairment for the reasons given.

XXXX: DDE by XXXX. Following my last DD exam on XXXX, an orthopedic consultation was recommended for surgical consideration. On XXXX examined XXXX and opined that surgical intervention was not warranted. Further injections were recommended at that time by XXXX, but notes from XXXX treating doctor state that, "injections are deferred since there was only short term improvements with prior injection". XXXX then continued with conservative therapies until XXXX. I am placing XXXX at MMI as of XXXX as this was the conclusion of conservative treatments including physical therapy and an injection with minimal to no improvements. No further treatment recommendations have been made and no further significant functional improvements are anticipated at this time. This examinee is assigned a while person impairment rating as follows: RIGHT SHOULDER: ROM yields a 10% WPI.

XXXX: Office Visit with XXXX. Physical Examination- Shoulder- on palpation, there is tenderness noted over the right bicipital groove, deltoid muscle insertion and rotator cuff. Right Shoulder ROM: Tested. Active FF 90, abd 90 with pain. Right shoulder labral test findings: Positive. Right Shoulder Impingement: Positive.

XXXX: UR by XXXX. Rationale- Recommended as an alternative to shoulder arthroplasty for limited indications below. Arthroscopic surgery for osteoarthritis is Not recommended because arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to physical and medical therapy. Pt has been experiencing pain for 2 years. Pain is constant, aching, dull, sharp and stabbing. The pt says at its worse is 9/10. In this case, no peer conversation took place. Based on submitted documentation, it is unclear what changes may have occurred to be able to certify request. Thus, request is denied.

XXXX: UR by XXXX. Rationale- The records provided did not contain an adequate medical rationale supporting the request, and the previous multiple evaluations noted the claimant was at MMI and indicated surgery would not be effective for this claimant. Therefore, request is denied.

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

The previous adverse decisions are Overturned. The claimant is a XXXX who sustained a work injury to XXXX right shoulder in XXXX. The XXXX MRI of the shoulder demonstrated a partial tear (10%) of the rotator cuff insertion. The claimant has had temporary pain relief with cortisone injections. XXXX has completed a course of physical therapy. XXXX continues to have pain and limited active motion of the shoulder. XXXX has a positive impingement sign on examination. The treating physician has recommended right shoulder arthroscopy with debridement of the rotator cuff and subacromial decompression.

The Official Disability Guidelines (ODG) supports diagnostic arthroscopy of the shoulder in patients who have failed conservative care and have continued shoulder pain with functional deficits. Moderate to advanced osteoarthritis of the shoulder is a contra-indication to arthroscopic surgery.

This claimant has a known partial tear of the rotator cuff, which has failed conservative treatment. The standard surgical procedure for this problem is arthroscopy with debridement of the rotator cuff tear and subacromial decompression. The XXXX MRI performed over XXXX months ago, did not demonstrate any evidence of osteoarthritis in the shoulder. Since XXXX does not have moderate-to-severe osteoarthritis on a current shoulder xray, XXXX is an excellent candidate for the recommended surgery. Therefore, the request for right shoulder arthroscopy with debridement of the rotator cuff and subacromial decompression is considered medically necessary.

PER ODG XX

**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)**