

Vanguard MedReview, Inc.

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XXXX

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

This case was reviewed by a Board-Certified Doctor of Anesthesiology with over 12 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]:

XXXX: Encounter summaries by XXXX **HPI:** Musculoskeletal pain right shoulder, arm, wrist. Pain radiates down right arm. Pain interferes with daily activities, and work. Patient is here today for a new W/C. patient works with XXXX. XXXX. XXXX hurt XXXX great right toe, rt arm and shoulder and body on right side when XXXX. **Physical Exam:** Patient is a XXXX. Tender rt shoulder ac joint and prox humerous and contusion rt great toe. **Assessment/Plan:** 1. Shoulder pain in right shoulder: X-Ray, 2 or more view. Orthopedic referral. Shoulder sling, right, size medium.

XXXX: Progress Note by XXXX. **HPI:** XXXX presenting with right shoulder pain starting on XXXX when XXXX was trying to XXXX. XXXX states the XXXX when XXXX went to XXXX causing XXXX to XXXX on XXXX right shoulder. XXXX states the pain didn't really begin until a few hours after the incident. XXXX reports weakness and sharp shooting pain that radiates down to XXXX hand. Pain is exacerbated by movement of any kind, but crossing eth midline with XXXX right arm causes severe pain. XXXX states XXXX pain makes it hard for XXXX to XXXX for XXXX, XXXX, and XXXX. Pain is causing pain and stiffness in neck. Any type of activity will cause pain with residual pain lasting throughout the night. XXXX reports wearing a sling with decent relief of pain. XXXX states XXXX is not alleviating XXXX pain. **Exam:** X-Rays show no fracture or dislocations present, narrowing of the AC joint.

Shoulder/upper arm: Right pain with 160 FF, painful arc of motion, positive impingement, pain and weakness with rotator cuff testing. **Assessment:** 1. Contusion of right shoulder, initial encounter. 2. Pain in right shoulder. **Treatment:** Contusion of right shoulder, initial encounter. Start XXXX. MRI Imaging ordered. 2. Pain in right shoulder: Discussed with XXXX mechanism of injury a ligamentous or muscular injury is unlikely, but need MRI to rule this out. Continue sling.

XXXX: MRI Ext Upper joint w/o contrast right, interpreted by XXXX **Impression:** High grade partial thickness undersurface tear of the conjoined distal supraspinatus and infraspinatus tendons measuring 1 cm anterior aspect but no tendon retraction. Posterior labral tear. Small degenerative subchondral cysts in the anteroinferior glenoid. Mild acromioclavicular arthrosis, without mass effect on the underlying rotator cuff. Subacromial/subdeltoid bursitis.

XXXX: Progress Note by XXXX. **HPI:** No improvement since last visit. **Exam:** Shoulder, right: 110 AROM, 160 PROM, tender at the supraspinatus, positive impingement, pain and give way weakness with rotator cuff testing. **Assessment:** 1. Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic. 2. Other specified injuries left shoulder and upper arm, subsequent encounter. 3. Contusion right shoulder, subsequent encounter. 4. Pain in right shoulder. **Treatment:** Discussed options and feel that surgical intervention is the best plan. Per patient, we will proceed with right shoulder arthroscopy with rotator cuff repair and indicated procedure. Patient has tried cortisone in the past and states this does not work for XXXX due to past allergic reactions to injections.

XXXX: Progress Note by XXXX. **Treatment:** Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic. Surgery has been denied, which I disagree with, but for the above reasons we will send XXXX to PT to help with ROM and strength. I do not know the value of non-operative treatment in this patient's case, but we will proceed regardless.

XXXX: Progress Note by XXXX. **Treatment:** XXXX has tried 3 months of conservative care including anti-inflammatories and physical therapy. XXXX essentially has a full thickness rotator cuff tear. Given failure of conservative care, surgery is indicated.

XXXX: Procedure Note by XXXX. **Pre-Operative Diagnosis:** Right shoulder type I labral tear. 2. Right shoulder impingement. 3. Right shoulder full-thickness supraspinatus tendon tear. **Procedures:** 1. Right shoulder arthroscopy with debridement of type I labral tear. 2. Right shoulder arthroscopic subacromial decompression. 3. Right shoulder mini-open rotator cuff repair.

XXXX: Progress Note by XXXX. **HPI:** Patient is trying to end use of meds but is still in significant pain. **Exam:** Presents in sling. Stiches are removed today. **Treatment:** Will begin PT.

XXXX: Progress Note by XXXX. **HPI:** Pain 6/10. XXXX is still in PT. **Exam:** Right shoulder healing well. 95 FF passive, 15 ER passive. **Treatment:** patient is doing ok. XXXX ROM is lacking some and I would like XXXX to push a little harder in therapy and at home to continue to progress ROM. Stop the sling except for in busy, crowded places.

XXXX: Progress Note by XXXX. **HPI:** Pain 5/10. XXXX states ROM isn't where it should be. XXXX is worried XXXX discomfort is from a nerve issue. **Exam:** Incisions are healing well. 100 FF 10 ER. **Assessment:** 1. Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic, 2. Pain in right shoulder. **Treatment:** Patient is almost 3 months post-op and cuff should be healed but patients ROM is still very limited which is not sufficient for the time post op, XXXX has been working hard, but despite XXXX is not progressing. XXXX has started massage therapy in addition to PT which helps discomfort but is not helping with ROM. It is medically necessary at this point for patient to undergo manipulation so that ROM can be progressed. Patient will be scheduled for right shoulder arthroscopy lysis of adhesion.

XXXX: Progress Note by XXXX. **HPI:** Patient is s/p right shoulder arthroscopy performed XXXX and MUA XXXX. XXXX has been using CPM and feels XXXX is finally improving! XXXX is very happy with progress. **Exam:** 150 FF, 20 ER. **Plan:** Patient will continue therapy to work on ROM and strengthening. XXXX ROM is much better than it was last time. XXXX has been using a TENS unit which is also helping.

XXXX: Office Visit by XXXX. **HPI:** Patient presents for evaluation and treatment of XXXX chronic right shoulder area pain with burning pain into the biceps to the elbow. XXXX pain started on XXXX after a work related injury. XXXX is still attending PT and deep tissue massages once a week. XXXX stretches daily. XXXX describes pain as a constant aching, burning discomfort that is worse with cooking, lying down, sexual activity, vacuuming, walking, driving and lifting. XXXX pain is alleviated with stretching; taking hot bath, ice, relaxation and rest, massage, TENS unit, pain meds, and PT. XXXX is currently taking XXXX twice daily as needed for pain along with OTC XXXX. XXXX tried XXXX 1 from XXXX gastric bypass surgery, but it caused abdominal pain. XXXX is unable to take pill formed meds since XXXX gastric bypass without having intense abdominal pain afterwards. Current Meds: XXXX. ADL score: 12. **Problems:** 1. Dx of shoulder pain, right, chronic. 2. Dx of rotator cuff syndrome, right. 3. Dx of suprascapular neuropathy. 4. Dx of adhesive capsulitis of shoulder. **Impression/Plan:** Shoulder pain: right suprascapular nerve block with fluoroscopic guidance. Stop XXXX and start XXXX. Start XXXX 1 4 hours before bed. Rotator cuff syndrome. Suprascapular neuropathy: as above, nerve block. Adhesive capsulitis of shoulder: Continue PT and massage therapy for increased ROM. XXXX may need a right shoulder ultrasound guided intra-articular steroid injection with needling of the calcifications/scar tissue in the supraspinatus tendon that was seen on US evaluation today if XXXX pain and ROM are not further improving with the above treatments.

XXXX: UR performed by XXXX. **Rationale for Denial:** The current request is for XXXX. Neither is a first line medication or on formulary and no clinical is provided by the requesting provider to support the request. Recommend denial.

XXXX: UR performed by XXXX. **Rationale for Denial:** The request was previously non-certified as the medications were not first line and not on the formulary. Additional documentation included a letter of medical necessity on XXXX. The request remains non-certified. The guidelines state XXXX is not recommended as a first line agent; it is FDA approved for treatment of restless leg syndrome. There is no evidence to support use of XXXX for neuropathic pain conditions or fibromyalgia without a trial of general gabapentin regular

release. According to the guidelines, XXXX is recommended as an option for treatment of chronic pain in selected patients, but not as a first line medication for all patients. Suggested populations for XXXX include those with hyperalgesia component to pain, those with centrally mediated pain, those with neuropathic pain, those at high risk of non-adherence with standard opioid maintenance, and for analgesia in those who have previously been detoxified from other high-dose opioids. Based on the medical records provided for review, the claimant is using XXXX in a liquid form, and XXXX, and has a history of gastric bypass and cannot take pills due to stomach irritation. Both medications requested are not listed as first line medication. There is no mention of a trial of lower levels of medications such as XXXX for the neuropathic pain or use of corticosteroid injection to the shoulder joint. As lower levels of medications have not been trialed therapy to the joint, the request is premature and not medically supported. Again, lower level of neuropathic treatment has not been exhausted prior to consideration of the XXXX. Topical lidocaine has not been trialed. The case was discussed with XXXX., who stated that authorization has been given to do the peer-to-peer call on behalf of XXXX. XXXX was unable to provide additional information that might enable certification. No injection therapy has been documented prior to the request of XXXX. As both medications are not indicated as first line and are non-formulary, without trial and exhaustion of other approved treatments for pain and neuropathic pain, the request is premature and not medically supported. The reconsideration request for medication times two with a 30-day supply of XXXX with no refill and a 28-day supply of XXXX per hour #4 with no refill is not certified.

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

Based on records submitted and peer-reviewed guidelines, the request is not medically necessary and is non-certified. Per ODG, XXXX is not recommended as a first line agent; it is FDA approved for treatment of restless leg syndrome. There is no evidence to support use of XXXX for neuropathic pain conditions or fibromyalgia without a trial of general gabapentin regular release. According to the guidelines, XXXX is recommended as an option for treatment of chronic pain in selected patients, but not as a first line medication for all patients. Based on the medical records provided for review, the claimant is using XXXX in a liquid form, and XXXX, and has a history of gastric bypass and cannot take pills due to stomach irritation. Both medications requested are not listed as first line medications. There is no mention of a trial of lower levels of medications such as XXXX for the neuropathic pain or use of corticosteroid injection to the shoulder joint. As lower levels of medications have not been trialed therapy to the joint, the request is premature and not medically supported. Therefore, the request for medication times two with a 30-day supply of XXXX with no refill and a 28-day supply of XXXX with no refill is non-certified.

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 STANDARD**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINE**
- 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)**