



OF TEXAS ASO, LLC.

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DATE OF REVIEW: October 1, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of XX reverse shoulder arthroplasty (CPT XX)

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 Orthopedic Surgeon who is currently licensed and practicing in the State of Texas.

REVIEW OUTCOME

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

Upheld

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX who was injured on XXXX. The claimant has been treated with conservative care including medications, 12 sessions of physical therapy, home exercise program, and 2 XX injections with good results. Office visit dated XXXX revealed the claimant has XX shoulder pain and has not gotten any better. The claimant was unable to lift XXXX arm above XXXX head and had pain with movement. The pain has gotten better but the motion has not. The vital signs were XXXX. However, this is inconsistent with the BMI documented in the progress note dated XXXX that revealed the claimant's XXXX. The claimant had MRI of the XX shoulder dated XXXX which revealed a large rotator cuff tear with chronic tear of the entire supraspinatus tendon and an acute tear of the XX tendon. The XX is retracted to the glenoid, and there is edema in the XX muscle belly and fatty atrophy in the XX XX. Disruption of the long head of the biceps tendon with subluxation of the XX. Degenerative changes in the XX, mild XX of the XX arthropathy.

Progress note dated XXXX documented the claimant presented with XX shoulder pain. The pain was described as moderate dull/achy. The claimant's symptoms prevented XXXX from lifting, twisting, and lying in bed. No vital signs or BMI documented. On physical exam of the XX shoulder, there was no tenderness, no bruising or swelling, and no deformities present. There was pain with range of motion, scapular shrugging present. Strength in all muscles was 5/5 except Empty Can was 4/5 with pain and ER 4/5 with pain. There was no joint instability on provocative testing. Neurovascularly distal pulses were 2+, sensation to light touch was intact, and deep tendon reflexes were 2/4. The assessment was complete rotator cuff tear or rupture of XX shoulder. The plan was to discontinue therapy and perform daily home exercise program and recommended XX reverse total shoulder arthroplasty.

Prior UR dated XXXX denied the request for coverage of XX reverse shoulder arthroplasty (CPT XX) because there was a lack of indication noting the patient's current body mass index (BMI). Additionally, there were no indications of the patient trialing and failing anti-cytokine agents or disease modifying anti-rheumatic drugs for XXXX reported rheumatoid arthritis. In the absence of sufficient documentation, the request cannot be support. The request was previously denied for similar reasons. Given there were no indications to the contrary, the request for XX reverse shoulder arthroplasty CPT XX remains non-certified.

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

The claimant is a XXXX with a history of XX shoulder pain and was diagnosed with complete rotator cuff tear or rupture of XX shoulder. The request is for coverage of XX reverse shoulder arthroplasty (CPT XX).

According to Official Disability Guidelines (ODG), reverse shoulder arthroplasty is indicated for a non functioning irreparable rotator cuff tear with or without glenohumeral arthritis AND when all of the following are met: Limited functional demands; Intractable pain that has not responded to conservative therapy (including NSAIDs, intra-articular steroid injections, and physical therapy) for at least 6 months, unless acute fracture; adequate deltoid function; adequate passive range of motion to obtain functional benefit from the prosthetics; residual bone permits firm fixation of the implants; no evidence of shoulder infection; no severe neurologic deficiency; Body Mass Index less than 40, with documented significant weight loss effort for BMI>35, unless acute fracture; and if rheumatoid arthritis, tried and failed XX agents or disease modifying anti-rheumatic drugs, unless acute fracture.

In this case the medical records documented the claimant's history of XX shoulder pain. The claimant has been treated appropriately with physical therapy, XX injections, and activity modification. These conservative treatments did help the claimant somewhat, but the claimant still suffers from disability from the XX shoulder condition. The MRI of the XX shoulder revealed a large and retracted rotator cuff tear with associated superior migration of the humeral head. The recommended XX reverse total shoulder arthroplasty procedure is not indicated because there is lack of documentation that indicates the claimant met all the critical ODG criteria. There is no documentation of plain radiography; no comment is made on residual bone stock needed for implant fixation, and no documentation of the claimant's current BMI. Therefore, based on the Official Disability Guidelines and criteria as well as the clinical documentation stated above, the request for coverage of XX reverse shoulder arthroplasty (CPT XX) is not medically necessary and appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Shoulder – (Updated 9/6/2018)

Reverse shoulder arthroplasty (RSA)

ODG Indications for Surgery™ -- Reverse Shoulder Arthroplasty

Appeal Information

You have the XX to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.