

# Vanguard MedReview, Inc.

101 Ranch Hand Lane

Aledo, TX 76008

P 817-751-1632

F 817-632-2619

January 2, 2019

## DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XXXX Shoulder Arthroscope, XX decompression, XX XX repair and possible open XX tenodesis

## 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 Orthopedic Surgery

## 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: Progress Note by XXXX. **HPI:** Patient presents with XX pain. The XX pain is at the XX XX area. XXXX also describes no other symptoms. This is a new problem. The problem began on XXXX. The patient presents now for a recent injury. The patient XXXX. The injury occurred on XXXX. XXXX states recently the problem has been present daily. XXXX says the problem is moderate in nature. Symptoms are worse with ROM. The patient also says XXXX has used rest/activity modification, supervised PT, and a home exercise program to treat the problem. XXXX has gotten minimal variable relief from the above treatments. **Assessment:** XX sprain, sprain of XXXX shoulder, acute XX sprain, contusion of XXXX knee. **Plan:** Orders: MRI XX XX w/o contrast, MRI XX w/o contrast, MRI XX w/o contrast. Instructions: light duty, continue PT/OT, continue HEP. The patient's diagnosis pathophysiology, and treatment plan were discussed.

XXXX: MRI XX XX without contrast interpreted by XXXX. **Conclusion:** 1. XX mild XX XX, mild/moderate XXXX and mild XXXX XX XX. 2. XX mild XX XX and minimal XX foraminal

XX. 3. XX and XX XX arthropathy with small XX. 4. Common XX XX may be dilated depending on whether this patient has a XX or not. Correlate with surgical history. 5. XXXX XX XX XX XX probably represent XX XX however XX cannot be excluded. XX ultrasound would allow further assessment.

XXXX: MRI XX XX without contrast interpreted by XXXX. **Conclusion:** 1. Nonspecific straightening of the XX XX. 2. Multilevel XX discopathy and XX XX. 3. Moderate narrowing of XX vertebral canal and neural XX. 4. The XX XX is barely contacted at XX level, no evidence underlying myelopathy.

XXXX: MRI XXXX shoulder without contrast interpreted by XXXX. **Conclusion:** 1. XX tendon XX XX insertional XX XX XX probably XX thickness in nature. Moderate XX otherwise. Minimal muscle fatty XX. 2. Moderate XX tendinosis. 3. Moderate XX tendinosis. 4. XX intra-XX long biceps XX with mild XX XX as it exits the joint. Mild XX/low grade partial thickness tear of the extra-XX component. Mild XX. 5. Posterior superior XX nondisplaced tearing/substance loss. Anterior XX probable XX change. 6. Minimal XX subdeltoid XX. 7. Severe XX joint XX change with mild mass effect on the XX muscle.

XXXX: Progress Note by XXXX. **HPI:** Patient presents for routine follow up. Recent treatments since the last visit include rest/activity modification, NSAIDS, supervised PT, and a home exercise program. XXXX has minimal relief from these. I disagree in part with the radiologist's findings. **Plan:** Light duty, continue HEP, follow up preoperatively. MRI of XXXX shoulder shows a combination of chronic and acute findings. Certainly, the XX is old, but I believe the rotator cuff tear is XX. There is some XX in this area and it is non-retracted without any muscle XX. If the rotator cuff tear where a chronic finding, we would see some XX muscle XX which we do not so certainly that is new. XXXX does not have any AC joint symptoms so XXXX degenerative AC joint disease does not need to be treated. XXXX does have some partial tearing of the XX tendon which certainly could be new as well with the type of mechanism that XXXX had. A XXXX directly on XXXX shoulder like that would be expected to produce a rotator cuff tear.

XXXX: UR by XXXX. **Rationale for Denial:** Findings not consistent with work related injury.

XXXX: Progress Note by XXXX. The physician reviewer denied XXXX surgery stating that the patient had a XX tendon with mild XX and no XX. This is completely missing characterizing XXXX MRI findings. Per the radiologist XXXX tear is mildly retracted and did not comment on. The radiologist did not state that there was a lack of XX. I read the MRI myself and was completely under impressed by the minimal fatty XX that the radiologist found and also felt that there was XX in the subacromial space. Mild retraction minimal fatty XX and XX are all findings one would see on an MRI performed XX months after an acute injury. We will resubmit surgery request.

XXXX: UR by XXXX. **Rationale for Denial:** This is a XXXX individual noted to have sustained a shoulder injury on XXXX who underwent an MRI of the XXXX shoulder on XXXX. A retracted XX, full thickness in nature, of the XX is identified. Minimal muscle fatty XX is reported. Significant XX of the XX and XX is also identified. The long head of the biceps has

evidence of XX and XX. A peer review was completed on XXXX and noted the mechanism of injury as a XXXX type of event. XX include XX and XX disease. Conservative care to include physical therapy was performed. The previous request for the surgery was noted to have not been certified in the UR process. The carrier contested the XX and XX joint disease of the XXXX XX joint is not being a function of this compensable event. It was opined in this that the pathology noted on a shoulder MRI was not a function of the compensable injury. The work status report dated XXXX allowed for return to work, with restrictions. The XXXX progress note notes complaints of XX XX pain. This is a new problem. The PT protocol is outlined, no significant improvement is reported. The physical examination of the XXXX shoulder noted no tenderness to palpation, a full ROM, motor strength is reported to be XX/5 without evidence of instability. Impingement testing is XX. The clinical assessment is a XX sprain, XX of the XXXX shoulder, a strain of the XX XX, XX XX sprain and a contusion of the XXXX knee. The chronic findings on MRI are listed and were the basis for the request for the surgical intervention. The treating surgeon disagreed with the assessment of the XX. Understanding this is a XXXX individual with significant XX of the rotator cuff, with degenerative changes to the structures and a chronic care of the supraspinatus when noting the criterion for surgical indications for a rotator cuff repair, noting if there is a full thickness lesion identified, there is a full ROM reported as sites there is no inability to elevate the arm. It is no reported weakness on abduction or external rotation, and there is a reported fatty infiltration. Acknowledging the disagreement between the board-certified radiologist and the requesting provider when noting the specific criterion outlined in the ODG for a full thickness rotator cuff repair, tempered by the clinical information presented there is no clinical indication for surgery at this time.

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

The request for XXXX shoulder arthroscopy, XX decompression, XX XX repair and possible open XX XX is not medically necessary and is denied.

This patient is a XXXX who sustained injuries to XXXX XX, XX XX and shoulder in XXXX. On examination, XXXX has full shoulder motion with XX/5 strength. XXXX has a XX shoulder impingement and XX biceps signs. XXXX recent shoulder MRI demonstrate a XX XX tear of the XX XX which “probable” full thickness. XXXX also has a XX broad-based disc XX associated with moderate canal and XX XX, identified on XX XX MRI. XXXX has completed a course of conservative treatment consisting of rest, NSADIs, supervised PT and a home exercise program. The treating physician has recommended XXXX shoulder arthroscopy with rotator cuff repair and possible open biceps tenodesis.

It is unclear from the shoulder MRI report whether the patient has a full-thickness rotator cuff tear, which requires repair. A MR-arthrogram is required to confirm the diagnosis of full thickness tear. In addition, XXXX has XX XX pathology at XX, which can mimic shoulder pain, especially in the setting of full XX motion and strength. A XX injection to the shoulder may confirm whether the shoulder is the primary source of XXXX pain. If XXXX XX XX pathology is the primary pain generator, XXXX may require XX injections.

Based on the records reviewed, the patient is not a candidate for shoulder surgery.

**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)**