

# AccuReview

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**IRO CASE #:**

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

Left shoulder Scope, SAD, Rotator Cuff Repair, Possible PASTA Repair (CPT: 29826, 29827, 23420)

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

The physician is a Board Certified Orthopaedic Surgeon with over 15 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]:**

The claimant is a male who sustained an injury to left shoulder when at work.

xxxx: Office Visit. CC: left shoulder pain, pain 5/10, constant and stable with radiation to the left arm. The pain is aching, dull, sharp and throbbing. PE: Left Shoulder: Biceps Tendon: Obrien's and SLAP tests both positive. Assessment/Plan: Pain in joint involving shoulder region 719.41. Exam of the claimant's left shoulder shows concern for type II SLAP tear. He is to undergo MRI with IA GAD injection. F/U once MRI is complete.

xxxxx: MR Arthrogram Left Shoulder. Impression: Small full-thickness, pinhole, tear of the conjoined tendon at the greater tuberosity insertion. Mild-to-moderate supraspinatus and infraspinatus tendinopathy or tendon strain. Mild acromioclavicular osteoarthritis.

xxxxx: Office Visit. CC: left shoulder pain 5/10. Assessment/Plan: Rotator cuff sprain/strin 840.4: MRI showed full thickness small pinhole tear of the RTC. He is to undergo surgery for left shoulder scope, SAD, rotator cuff repair, possible PASTA repair; surgery recommended. Scapulohumeral fibrositis/impingement 726.2.

xxxxx: UR. Reason for denial: According to guidelines, note conservative care should be attempted first. Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. In this case, the claimant sustained an injury on XX/XX/XX. There was no documentation of attempt at conservative care. There was 2mm x 3mm pinhole tear on the cuff. There was an intact strength and there were no significant deficits. Therefore, the request for left shoulder scope, SAD, rotator cuff repair, possible PASTA repair is not medically necessary or appropriate.

xxxxx: UR. Reason for denial: Guidelines state the criteria for diagnostic arthroscopy (shoulder arthroscopy for diagnostic purposes) is that most orthopedic surgeons can generally determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Shoulder arthroscopy should be performed in the outpatient setting. If a rotator cuff tear is shown to be present following a diagnostic arthroscopy, follow the guidelines for either a full or partial thickness rotator cuff tear. In this case, the medical records were reviewed and the clinical examination indicates this claimant has suspected pathology of the biceps tendon. Notably, the only positive provocative maneuvers were O'Brien's and the SLAP test. There was no noted pathology referable to the claimant's rotator cuff (negative Neer's, negative Hawkin's and full ROM) and the MRI was ordered because of the suspected Type II SLAP tear. The MRI was unremarkable for the claimant's biceps or labral pathology and had minimal findings regarding the rotator cuff. This claimant has had no reasonable trial of PT and had minimal findings regarding the rotator cuff. This claimant has had no reasonable trial of PT to meet the ODG criteria, even in the absence of the claimant's reasonable conservative care, the claimant does not have clinical findings to justify the proposed procedure. Based on the records provided for this review the medical necessity has not been established, as the request is not supported by the guidelines. For these reasons, the request is not medically necessary or appropriate.

xxxxx: Office Visit. CC: left shoulder pain 5/10, dull, aching, sharp and throbbing. The problem is not changing in character and is aggravated by lifting and movement with pertinent negatives include bruising. PE: Left Shoulder: Biceps Tendon: Obrien's and SLAP tests both positive. Procedures: joint injection/aspiration. Assessment/Plan: sprain/strain rotator cuff (capsule), current inju 840.4. Claimant is in office d/t WC denying his surgery for 2<sup>nd</sup> time. Exam of claimant's left shoulder still shows impingement, RTC tear and type II SLAP tear, We will try conservative treatment with PT and cortisone injection. F/U in 5 weeks. Other affections of shoulder region, NEC 726.2. Orders: PT evaluate and treat 3xwk x 5 wks totaling 15 visits. Tylenol-Codeine #3 300mg-30mg.

xxxxx: PT-Initial Evaluation. CC: left shoulder pain, constant when lifting, especially when arm is extended forward. Claimant had injection, but only helped for one day. Pain 4/10, worst 8/10, best 4/10, located in lateral left shoulder into upper arm. ROM: left: AROM WNL, pain with movement, PROM: flex 156, abd 149, IR 84 ER wnl. Strength: left: SA 3+/5, ER 4/5, IR 4/5, delt 4/5. Positive for: painful arc, O'Brien's, and empty can. Assessment: Problem List: ROM, Strength, Functional Activity, Soft Tissue Pain.

xxxxxx: SOAP Notes dictated by, PT. S: Claimant has been doing HEP daily, but schedule precented PT attendance. O: Special Tests: + painful arc, pain free active flexion. Other: Mild delay in response time in parturbations posterior capsular tightness. Assessment: Casular stiffness and proximal weakness leading to impingement with abduction, parturbations per proximal stability. Plan: Proximal stability-quadruped exercises, pwotoss, wall shrugs.

xxxxx: SOAP Notes. S: Claimant has been doing well on light duty, but as soon as he had to do a patient transfer, pain returned immediately. O: Special Tests: excessive deltoid activation with scapular holds over powers deltoid. Other: impairing response time with perturbations. Assessment: unless claimant increases scapular and proximal strength, claimant will continue to strain shoulder with lifting. Exercises progressed accordingly. Plan: scapular and proximal strengthening, prone y's and t's.

xxxxxx: SOAP Notes. S: Claimant reported more sore today, but he does notice that he can do more prior to pain onset then he could one month ago. O: Palpation: posterior deltoid tightness. Special Tests: scapular dyskinesia with prone Ts, excessive upper trap compensation with Y's. Assessment: Claimant responding well to proximal strengthening but deficits still present (strength & motor control). Plan: attempt prone Ys.

xxxxxx: SOAP Notes. S: PT & yoga are helping claimant's shoulder, but still cannot lift anything heavy. O: Palpation: pain referral into lateral portion of deltoid. Special tests: good serratus stability with non-weighted off motion winging present in quadruped. Assessment: pain referral pattern consistent with RC pathology strength continued to improve, good offer & within session. Plan: Continue with strengthening & quadruped scapular stabilization as tws improves add open chain strengthening.

xxxx: SOAP Notes. S: sore all over. O: Special Tests: scapular winging with weighted scaption corrected with scapular

setting, but worsens with fatigue. Assessment: Strength improving, motor control fair, endurance poor, overall claimant is improving, session shortened secondary to fatigue. Plan: F/U after apt.

xxxx: Office Visit. CC: left shoulder pain. Pain 2/10, aggravated by movement. Assessment/Plan: sprain/strain rotator cuff (capsule), current inju 840.4. Claimant continued to have pain in the left shoulder. He has failed conservative treatment. Claimant is to undergo surgery for left shoulder scope, SAD, RTC repair, possible type II SLAP repair vs biceps tenodesis, surgery is recommended. Other affections of shoulder region, NEC 726.2. Medication: Tylenol #3.

xxxx: UR. Reason for denial: In regard to the request for left shoulder outpatient surgery, the ODG, state rotator cuff repair is recommended with diagnosis of full thickness rotator cuff tear and cervical pathology and frozen shoulder have been ruled out. The guidelines also recommended conservative care for at least 3 to 6 months. Per the clinical note provided, it appears the claimant completed 9 sessions of PT over a 2 month period with improvement. In the most recent clinical notes from the provider and the physical therapist, there is no evidence of pain with active arc motion, weak or absent abduction, or tenderness over the rotator cuff or anterior acromial area. Given the above there is evidence of tried and failed conservative treatment, or evidence of clinical findings to warrant medical necessity. Peer to peer discussion has not been achieved despite calls to office. AS such, the request for 1 outpatient surgery left shoulder CPT codes 29826, 29827, and 23420 is non-certified.

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

The request for left shoulder arthroscopy, subacromial decompression, rotator cuff repair, possible PASTA repair is denied. The Official Disability Guidelines (ODG) supports rotator cuff repair in the patient with a full thickness rotator cuff tear. The imaging findings should be supported by subjective and objective clinical findings. The claimant should complete three to six months of conservative care prior to consideration for surgery. Three months is sufficient if the treatment has been continuous. This claimant has a small rotator cuff tear identified on MRI. Fifteen sessions of physical therapy were initially ordered for this patient. The recommendation for surgery was made prior to completion of xxxx months of conservative care. The claimant also did not complete the recommended xxxx sessions of therapy. The claimant has not met the requirements for conservative care prior to surgical consideration. The physical therapist indicated that he is improving over-all. In xxxxx the patient reported a pain level of 2/10, in severity. It would not be fair to this patient to accept surgery as his next treatment option when he demonstrates improvement prior to completion of a full course of conservative care. The claimant is not a surgical candidate at this point in time. Therefore, after reviewing the medical records and documentation provided, the request for Left shoulder Scope, SAD, Rotator Cuff Repair, Possible PASTA Repair (CPT: 29826, 29827, 23420) is non-certified.

Per ODG:

Surgery for rotator cuff repair	<p><b><u>ODG Indications for Surgery™ -- Rotator cuff repair:</u></b></p> <p><b>Criteria</b> for rotator cuff repair with diagnosis of <u>full thickness</u> rotator cuff tear AND Cervical pathology and frozen shoulder syndrome have been ruled out:</p> <p><b>1. Subjective Clinical Findings:</b> Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. PLUS</p> <p><b>2. Objective Clinical Findings:</b> Patient may have weakness with abduction testing. May also demonstrate atrophy of shoulder musculature. Usually has full passive range of motion. PLUS</p> <p><b>3. Imaging Clinical Findings:</b> Conventional x-rays, AP, and true lateral or axillary views. AND MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.</p> <p><b>Criteria</b> for rotator cuff repair OR anterior acromioplasty with diagnosis of <u>partial thickness</u> rotator cuff repair OR acromial impingement syndrome (80% of these patients will get better without surgery.)</p> <p><b>1. Conservative Care:</b> Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the</p>
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	<p>musculature. PLUS</p> <p><b>2. Subjective Clinical Findings:</b> Pain with active arc motion 90 to 130 degrees. AND Pain at night (Tenderness over the greater tuberosity is common in acute cases.) PLUS</p> <p><b>3. Objective Clinical Findings:</b> Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS</p> <p><b>4. Imaging Clinical Findings:</b> Conventional x-rays, AP, and true lateral or axillary view. AND MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.</p> <p>(<a href="#">Washington, 2002</a>)</p> <p>For average hospital LOS if criteria are met, see <a href="#">Hospital length of stay</a> (LOS).</p>
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Diagnostic arthroscopy	<p>Recommended as indicated below. <b>Criteria</b> for diagnostic arthroscopy (shoulder arthroscopy for diagnostic purposes): Most orthopedic surgeons can generally determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Shoulder arthroscopy should be performed in the outpatient setting. If a rotator cuff tear is shown to be present following a diagnostic arthroscopy, follow the guidelines for either a full or partial thickness rotator cuff tear. (<a href="#">Washington, 2002</a>) (<a href="#">de Jager, 2004</a>) (<a href="#">Kaplan, 2004</a>)</p> <p>For average hospital LOS if criteria are met, see <a href="#">Hospital length of stay</a> (LOS).</p>
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Surgery for SLAP lesions	<p><b>Criteria for Surgery for SLAP lesions:</b></p> <ul style="list-style-type: none"> <li>- After 3 months of conservative treatment (NSAIDs, PT)</li> <li>- Type II lesions (detachment of superior labrum)</li> <li>- Type IV lesions (more than 50% of the tendon is involved, vertical tear, bucket-handle tear of the superior labrum, which extends into biceps, intrasubstance tear)</li> <li>- Generally, type I and type III lesions do not need any treatment or are debrided</li> <li>- History and physical examinations and imaging indicate pathology</li> <li>- Definitive diagnosis of SLAP lesions is diagnostic arthroscopy</li> <li>- Age under 50 (otherwise consider Biceps tenodesis).</li> </ul>
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**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)