

Shoulder Arthroscopy

Prior Authorization Tip Sheet

*This tip sheet is intended to further assist you in the prior authorization process and for clarification of the Magellan Healthcare¹ clinical guidelines. It is for informational purposes only and is **NOT** intended as a substitute for the clinical guidelines that should be reviewed prior to submitting requests for surgical procedures.*

Guideline NIA_CG-318

****Office notes should clearly state the surgical plan****

Categories for requests:

- ❖ **Shoulder Rotator Cuff Repair** (*includes distal clavicle excision, synovectomy, decompression, tenodesis/tenotomy and debridement*).
- ❖ **Shoulder Labral Repair – SLAP, Bankart, Capsulorrhaphy** (*includes distal clavicle excision, synovectomy, decompression, tenodesis/tenotomy and debridement*).
- ❖ **Frozen Shoulder Repair/Adhesive Capsulitis** (*includes lysis of adhesions and manipulation*)
- ❖ **Shoulder Surgery - Other** (*includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, capsulorrhaphy, distal clavicle excision, diagnostic shoulder arthroscopy*)

****Separate requests are required for rotator cuff repair and labral repair****

- Office notes for all shoulder arthroscopy requests should document:
 - Symptom onset, duration, and severity;
 - Loss of function and/or limitations;
 - Type and duration of non-operative management modalities (where applicable).
 - Radiographic findings (MRI reports must be provided)

¹National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

The following is a summary of non-operative treatment required for some of the more *common* arthroscopic shoulder procedures. The guidelines should be reviewed for additional requirements including duration of symptoms, physical examination and radiographic criteria and for the complete listing of other procedures not included below. (NIA Guideline 318)

❖ **Shoulder Rotator Cuff Repair** (*includes distal clavicle excision, synovectomy, decompression, tenodesis/tenotomy and debridement*).

- Because the management of rotator cuff pathology is dependent on the size of the tear, an **MRI** is required for **ALL** requests and the actual report radiology should be submitted. As best possible, the **size of the tear should be stated in the office notes** and documentation should be provided if the requesting physician disagrees with the MRI reading.

Partial tear: Failure of at least **12 weeks** of non-operative treatment, including **at least three** of the following criteria:

- Physical therapy or properly instructed home exercise program;
- Rest or activity modification;
- Minimum of 4 weeks of oral NSAIDs (if not medically contraindicated);
- Single injection of corticosteroid and local anesthetic into subacromial or intra-articular space

Small full-thickness tear (< 1cm): Failure of at least **6 weeks** of non-operative treatment, **including physical therapy** or a properly instructed home exercise program (that includes exercises for scapular dyskinesis when present) **AND** at least **one** of the following:

- Rest or activity modification
- Minimum of 4 weeks of oral NSAIDs (if not medically contraindicated)
- Single injection of corticosteroid and local anesthetic into subacromial or intra-articular space

Medium or large tear full-thickness tear (1-5 cm) – non-operative treatment not required.

- A cortisone injection is not required for ANY rotator cuff repair requests. It is only one of several non-operative treatment options.
- There are several contraindications for a RCR, including the presence of Kellgren-Lawrence Grade 4 osteoarthritis - applies to all rotator cuff repairs.

❖ **Shoulder Labral Repair – SLAP, Bankart, Capsulorrhaphy** (*includes distal clavicle excision, synovectomy, decompression, tenodesis/tenotomy and debridement*).

- **Type 2 or 4 SLAP tear** (biceps anchor detached)
- Failure of at least **12 weeks** of non-operative treatment, including activity modification/avoidance of painful activities **AND at least one** of the following:
 - Minimum of 4 weeks of oral NSAIDs (if not medically contraindicated)
 - Physical therapy or a properly instructed home exercise program
 - Intra-articular injection

Bankart tears: Non-operative treatment not required if the following criteria are met:

Bankart repair of **an acute labral tear** may be necessary when **ALL** the following criteria are met:

- History of an acute event of instability (subluxation or dislocation) or acute onset of pain following activity;
- Acute labral tear on MRI or CT imaging;
- Age < 30;
- Range of motion is not limited by stiffness upon physical exam;
- Clinical exam findings demonstrate positive apprehension test, positive relocation test, positive labral grind test, or objective laxity with pain.

Bankart repair of **a recurrent (two or more dislocations) labral tear** may be necessary when **ALL** the following criteria are met:

- Recurrent instability (subluxation or dislocation);
- Evidence of a labral tear with or without bony Bankart fracture of the glenoid upon imaging;
- Range of motion is not limited by stiffness upon physical exam;
- Clinical exam findings demonstrate positive apprehension test, positive relocation test, positive labral grind test, or objective laxity with pain.

❖ **Frozen Shoulder Repair/Adhesive Capsulitis** (*includes lysis of adhesions and manipulation*)

- Failure of at least **12 weeks** of non-operative treatment that includes physical therapy or a properly instructed home exercise program and documentation of **any** of the following:
 - Minimum of 4 weeks of oral or topical NSAIDs (if not medically contraindicated);
 - Rest or activity modification;
 - Heat/Ice;
 - Corticosteroid injection

❖ Shoulder Surgery – Other

❖ Distal Clavicle Excision (DCE)

- Failure of at least 12 weeks of non-operative treatment that includes **at least two** of the following:
 - Oral or topical NSAIDS (4-week minimum for oral NSAIDS unless contraindicated);
 - Rest/activity modification;
 - AC joint corticosteroid injection (if DCE is to be performed as a standalone procedure, AC injection must be performed*);
 - Physical therapy or a properly instructed home exercise program;

***NOTE:** If DCE is to be performed *in isolation of other shoulder procedures*, an AC joint injection is required for diagnostic purposes and documentation should support pain relief from injection. If no response to injection, this is a strong negative predictor to surgical outcome for isolated DCE.

❖ Long Head Biceps (LHB) Tenotomy/Tenodesis

- Failure of at least 12 weeks of non-operative treatment to include **TWO** of the following:
 - Oral or topical NSAIDS (4-week minimum for oral NSAIDS unless contraindicated);
 - Rest/activity modification;
 - Bicipital groove or IA joint corticosteroid injection;
 - Physical therapy or a properly instructed home exercise program

❖ Diagnostic Shoulder Arthroscopy

- Failure of non-surgical management for at least three (3) months duration to include **TWO** of the following:
 - Rest or activity modifications/limitations;
 - Ice/heat;
 - Use of a sling/immobilizer/brace;
 - Pharmacologic treatment: oral/topical NSAIDS, acetaminophen, analgesics, tramadol;
 - Physical therapy modalities;
 - Supervised home exercise;
 - Corticosteroid injection