

# 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 Evolent Health (formerly Magellan Hawai'i)<sup>1</sup> 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 and laterality\*\***

#### 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)

<sup>1</sup> Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as "Evolent."

❖ **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.
- 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 rotator cuff repair, including the presence of Kellgren-Lawrence Grade 4 osteoarthritis and no cortisone injection within 12 weeks of Rotator Cuff repair.

**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.**

### **Massive Rotator Cuff Tears:**

#### **Massive (> 5 cm and at least 2 tendons involved), Full-Thickness Rotator Cuff Tear**

Surgical repair of a **massive torn rotator cuff including partial repair and Superior Capsular Reconstruction** may be necessary when **ALL** of the following criteria are met:

- MRI demonstrates no advanced fatty changes (Goutallier stage 0 (normal muscle), 1 (some fatty streaks), or 2 (less than 50% fatty degeneration or infiltration))
- Warner classification of atrophy "none" or "mild"
- No x-ray evidence of chronic subacromial articulation of humeral head, distance between acromion and humeral head
- MRI or Ultrasound showing massive (> 5cm), full-thickness tear (with intact or reparable subscapularis for superior capsular reconstruction)

No advanced or severe arthritis (severe narrowing of glenohumeral space or bone-on-bone articulation, large osteophytes, subchondral sclerosis, or cysts, etc.)

AAOS consensus guidelines state that partial repair and superior capsular reconstruction, can improve patient reported outcomes.

❖ **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.

**Latarjet or Remplissage procedures for recurrent (two or more dislocations)** may be necessary when ALL of the following criteria are met:

- Recurrent instability (subluxation or dislocation);
- Evidence of a large, engaging Hill-Sachs lesion of the humerus or greater than 20% glenoid bone loss by X-ray, CT or MRI
- 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
  - A biceps tenodesis or tenotomy may be approved when performed in conjunction with a TSA

## ❖ 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

**\*\* NOTE:** The following is not managed by NIA:

- In-office diagnostic arthroscopy (e.g., Mi-Eye, VisionScope) or US-guided percutaneous debridement or tenotomy (e.g., Tenex, TenJet), no ORIF, hardware removal.