



Complete Summary

GUIDELINE TITLE

Criteria for shoulder surgery.

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Criteria for shoulder surgery. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 2 p.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Shoulder injury and pain associated with:

- Rotator cuff tear
- Acromial impingement syndrome
- Shoulder acromioclavicular (AC) joint separation
- Post traumatic arthritis of acromioclavicular joint
- Recurrent glenohumeral dislocations
- Biceps tendon tear or fraying
- Distal rupture of the biceps tendon

GUIDELINE CATEGORY

Diagnosis
Evaluation
Treatment

CLINICAL SPECIALTY

Orthopedic Surgery

INTENDED USERS

Health Care Providers
Health Plans
Physicians
Utilization Management

GUIDELINE OBJECTIVE(S)

- To assist physicians in making the best clinical judgment when considering shoulder surgery as a form of treatment for an injured worker who presents with symptoms resulting from a shoulder condition for which the Washington State Department of Labor and Industries has accepted responsibility
- To provide nurses and physicians with clinical guidelines when recommending authorization or denial as part of the department's utilization review process

TARGET POPULATION

The injured worker who presents with symptoms resulting from a shoulder condition

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnostic Evaluation (Criteria for Surgery)

1. Evaluation of subjective clinical findings (symptoms of pain and/or tenderness, shoulder function, history of dislocation)
2. Evaluation of objective clinical findings (e.g., weakness on abduction testing, tests of range of motion, positive impingement sign, relief of pain with diagnostic injection, appearance of ruptured muscle)
3. Evaluation of response to conservative care
4. Imaging studies (conventional x-rays, anteroposterior, true lateral or axillary view; gadolinium magnetic resonance imaging [MRI]; ultrasound; arthrogram)
5. Diagnostic arthroscopy

Treatment (Shoulder Surgery)

1. Rotator cuff repair
2. Anterior acromioplasty
3. Treatment of acromioclavicular dislocation
4. Partial claviclectomy (includes Mumford procedure)
5. Capsulorrhaphy or Bankart procedure
6. Tenodesis of long head of bicep
7. Reinsertion of ruptured biceps tendon

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches of the U.S. National Library of Medicine's Medline database to identify data related to the injured worker population.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Consensus development has generally taken place between the permanent members of the subcommittee (orthopedic surgeon, physiatrist, occupational medicine physician, neurologist, neurosurgeon) and ad hoc invited physicians who are clinical experts in the topic to be addressed. One hallmark of this discussion is that, since few of the guidelines being discussed have a scientific basis, disagreement on specific points is common. Following the initial meeting on each guideline, subsequent meetings are only attended by permanent members unless information gathering from invited physicians is not complete.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Following input from community-based physicians, the guideline was further refined.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Criteria for Shoulder Surgery

A request may be appropriate for	If the patient has	AND the diagnosis is supported by			ANI bee reco
SURGICAL PROCEDURE	DIAGNOSIS	CLINICAL FINDINGS			CON:
		SUBJECTIVE	OBJECTIVE	IMAGING	

<p>Rotator cuff repair</p> <p>(Refer to the original guideline document for CPT codes.)</p>	<p>Full thickness rotator cuff tear</p> <p>AND</p> <p>Cervical pathology and frozen shoulder syndrome have been ruled out.</p>	<p>Shoulder pain and inability to elevate the arm;</p> <p>Tenderness over the greater tuberosity is common in acute cases.</p>	<p>Patient may have weakness with abduction testing.</p> <p>May also demonstrate atrophy of shoulder musculature.</p> <p>Usually has full passive range of motion.</p>	<p>Conventional x-rays, AP, and true lateral or axillary views</p> <p>AND</p> <p>Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.</p>	<p>Nc</p>
<p>Rotator cuff repair</p> <p>(Refer to the original guideline document for CPT codes.)</p> <p>OR</p> <p>Anterior acromioplasty</p> <p>(Refer to the original guideline document for CPT codes.)</p>	<p>Partial thickness rotator cuff repair</p> <p>OR</p> <p>Acromial impingement syndrome</p> <p>(80% of these patients will get better without surgery.)</p>	<p>Pain with active arc motion 90 to 130 degrees</p> <p>AND</p> <p>Pain at night</p> <p>Tenderness over the greater tuberosity is common in acute cases.</p>	<p>Weak or absent abduction; May also demonstrate atrophy</p> <p>AND</p> <p>Tenderness over rotator cuff or anterior acromial area</p> <p>AND</p> <p>Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test)</p>	<p>Conventional x-rays, AP, and true lateral or axillary view</p> <p>AND</p> <p>Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.</p>	<p>Re to Th is tre be co six tre be int</p> <p>Tri m dir to ga RC res str str to m</p>

<p>Treatment of acromioclavicular dislocation, acute or chronic</p> <p>(Refer to the original guideline document for CPT code.)</p>	<p>Shoulder AC joint separation</p>	<p>Pain with marked functional difficulty</p>	<p>Marked deformity</p>	<p>Conventional x-rays show Grade III+ separation.</p>	<p>Record at least Most with (disloc best + opera</p>
<p>Partial claviclectomy (includes Mumford procedure)</p> <p>(Refer to the original guideline document for CPT codes.)</p>	<p>Post-traumatic arthritis of AC joint</p>	<p>Pain at AC joint; aggravation of pain with shoulder motion or carrying weight</p> <p>OR</p> <p>Previous Grade I or II AC separation</p>	<p>Tenderness over the AC joint; most symptomatic patients with partial AC joint separation have a positive bone scan.</p> <p>AND/OR</p> <p>Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial</p>	<p>Conventional films show either:</p> <ul style="list-style-type: none"> a. Post-traumatic changes of AC joint, OR b. Severe DJD of AC joint, OR c. Complete or incomplete separation of AC joint <p>AND</p> <p>Bone scan is positive for AC joint separation.</p>	<p>At we dir to sy rel su Su inc be we</p>

<p>Capsulorrhaphy or Bankart procedure</p> <p>(Refer to the original guideline document for CPT codes.)</p>	<p>Recurrent glenohumeral dislocations</p>	<p>History of multiple dislocations that inhibit activities of daily living</p>	<p>At least one of the following:</p> <p>Positive apprehension findings; OR Injury to the humeral head; OR Documented dislocation under anesthesia</p>	<p>Conventional x-rays, AP and true lateral or axillary view</p>	<p>Nc</p>
<p>Tenodesis of long head of biceps</p> <p>(Refer to the original guideline document for CPT code.)</p> <p>Consideration of tenodesis should include the following: Patient should be a young adult; not recommended as an independent stand alone procedure. There must be evidence of an incomplete tear.</p>	<p><u>Incomplete</u> tear or fraying of the proximal biceps tendon</p> <p>The diagnosis of fraying is usually identified at the time of acromioplasty or rotator cuff repair so may require retrospective review.</p>	<p>Complaint of more than "normal" amount of pain that does not resolve with attempt to use arm</p> <p>Pain and function fails to follow normal course of recovery.</p>	<p>Partial thickness tears do not have classical appearance of ruptured muscle.</p>	<p>Same as that required to rule out full thickness rotator cuff tear:</p> <p>Conventional x-rays, AP and true lateral or axillary view</p> <p>AND</p> <p>Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.</p>	<p>Nc</p>
<p>Tenodesis of long head of biceps</p> <p>(Refer to the original guideline document for CPT code.)</p>	<p><u>Complete</u> tear of the proximal biceps tendon</p>	<p>Pain, weakness, and deformity</p>	<p>Classical appearance of ruptured muscle</p>	<p>Not required</p>	<p>Successful</p>

<p>Reinsertion of ruptured biceps tendon</p> <p>(Refer to the original guideline document for CPT code.)</p>	<p>Distal rupture of the biceps tendon</p>	<p>All should be repaired within 2 to 3 weeks of injury or diagnosis is made when the physician cannot palpate the tendon at the patient's antecubital fossa. Surgery indicated if 3 or more months have elapsed.</p>
<p>Diagnostic arthroscopy</p> <p>(Refer to the original guideline document for CPT code.)</p>	<p>Shoulder arthroscopy for diagnostic purposes</p>	<p>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. Requests for authorization of this procedure in the inpatient setting will be reviewed by the physician.</p> <p>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.</p>

Abbreviations: AC, acromioclavicular; AP, anteroposterior; CPT, Current Procedural Terminology; DJD, degenerative joint disease; MRI, magnetic resonance imaging; ROM, range of motion

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

The recommendations were developed by combining pertinent evidence from the medical literature with the opinions of clinical expert consultants and community-based practicing physicians. Because of a paucity of specific evidence related to the injured worker population, the guideline is more heavily based on expert opinion.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Appropriate diagnosis and treatment for shoulder conditions and associated symptoms for injured workers

- Appropriate physician referrals for shoulder surgery
- Appropriate utilization review recommendations by physicians and nurses for approval or denial of shoulder surgery requests

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The Office of the Medical Director works closely with the provider community to develop medical treatment guidelines on a wide range of topics relevant to injured workers. Guidelines cover areas such as lumbar fusion, indications for lumbar magnetic resonance imaging (MRI), and the prescribing of controlled substances. Although doctors are expected to be familiar with the guidelines and follow the recommendations, the department also understands that guidelines are not hard-and-fast rules. Good medical judgment is important in deciding how to use and interpret this information.
- The guideline is meant to be a gold standard for the majority of requests, but for the minority of workers who appear to fall outside of the guideline and whose complexity of clinical findings exceeds the specificity of the guideline, a further review by a specialty-matched physician is conducted.
- The guideline-setting process will be iterative; that is, although initial guidelines may be quite liberally constructed, subsequent tightening of the guideline would occur as other national guidelines are set, or other scientific evidence (e.g., from outcomes research) becomes available. This iterative process stands in contrast to the method in some states of placing guidelines in regulation. Although such regulation could aid in the dissemination and quality oversight of guidelines, flexibility in creating updated guidelines might be limited.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

All of the surgical guidelines established by the Department of Labor and Industries in collaboration with the Washington State Medical Association (WSMA) have been implemented in the context of the Utilization Review (UR) program (complete details regarding the Utilization Review program can be found on the [Washington State Department of Labor and Industries Web site](#)). It has been critical in contract negotiations with UR vendors to specify that the vendor is willing to substitute WSMA-generated guidelines for less specific standards already in use by the company. The Department of Labor and Industries initiated an outpatient UR program, and this has allowed full implementation of guidelines related to outpatient procedures (e.g., carpal tunnel surgery, magnetic resonance imaging [MRIs]). The scheduled drug use guideline has been used internally, but has not been formally implemented in a UR program.

The intention of the joint Department of Labor and Industries and WSMA Medical Guidelines Subcommittee was to develop treatment guidelines that would be implemented in a nonadversarial way. The subcommittee tried to distinguish between clear-cut indications for procedures and indications that were questionable. The expectation was that when surgery was requested for a patient with clear-cut indications, the request would be approved by nurse reviewers. However, if such clear-cut indications were not present, the request would not be automatically denied. Instead, it would be referred to a physician consultant who would review the patient's file, discuss the case with the requesting surgeon, and make recommendations to the claims manager.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Criteria for shoulder surgery. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 2 p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2002 Mar (republished 2002 Aug)

GUIDELINE DEVELOPER(S)

Washington State Department of Labor and Industries - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

Washington State Department of Labor and Industries

GUIDELINE COMMITTEE

Washington State Department of Labor and Industries (L&I), Washington State Medical Association (WSMA) Industrial Insurance Advisory Section of the Interspecialty Council

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Medical Director, Washington State Department of Labor and Industries (L&I):
Gary Franklin, MD

The individual names of the Washington State Medical Association (WSMA) Industrial Insurance Advisory Committee are not provided in the original guideline document.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Washington State Department of Labor and Industries. Criteria for shoulder surgery. Olympia (WA): Washington State Department of Labor and Industries; 1999 Jun.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [Washington State Department of Labor and Industries Web site](#).

Print copies: L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

AVAILABILITY OF COMPANION DOCUMENTS

This guideline is one of 16 guidelines published in the following monograph:

- Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 2002 Aug. 109 p.

Also included in this monograph:

- Grannemann TW (editor). Review, regulate, or reform? What works to control workers' compensation medical costs? In: Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 1994 (republished 2002). p. 3-19.

Electronic copies: Available from the [Washington State Department of Labor and Industries Web site](#).

The following is also available:

- Washington State Department of Labor and Industries. Utilization Review Program. New UR Firm. (Provider Bulletin: PB 02-04). Olympia (WA): Washington State Department of Labor and Industries; 2002 Apr. 12 p.

Print copies are available from the L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on December 20, 2002. The information was verified by the guideline developer on December 31, 2002. This summary was updated by ECRI on May 27, 2004. The information was verified by the guideline developer on June 14, 2004.

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