Shoulder Arthroplasty

Prior Authorization Tip Sheet

*This tip sheet is intended to further assist you in the prior authorization process and for clarification of the Evolent (formerly National Imaging Associates, Inc.) 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 Evolent_CG-317

Office notes should clearly state the surgical plan and laterality

❖ TOTAL SHOULDER ARTHROPLASTY

- Office notes should document:
    - Symptom onset, duration, and severity;
    - Loss of function and/or limitations;
    - Type and duration of non-operative management modalities.
- 3 months of non-operative treatment that includes at least **ONE** of the following is required:
    - Physical therapy or properly instructed home exercise program
    - Rest or activity modification
    - NSAIDS or analgesic
    - Cortisone injections
- Evidence of complete or near-complete loss of the joint space, confirmed with axillary and/or IR/ER AP X-rays*. **MRI** should not be the primary imaging study to determine the extent of disease however if performed, the actual radiology report should be provided.

    ***X-rays described as showing "severe", "advanced" or "end-stage" arthritis requires further clarification to include more descriptive terms as stated above.*
- A functional and intact rotator cuff and deltoid (adequate abduction strength); confirmed by physical examination and/or MRI or CT scan.
- **A cortisone injection** given within 12 weeks of surgery is an absolute contraindication.

❖ REVISION TOTAL SHOULDER ARTHROPLASTY

- The specific criteria required for revision shoulder arthroplasty are outlined in the appropriate guideline (Evolent 317). Approval for revisions due to ***infection*** will also require documentation of no active infection, ruled out by appropriate testing (ESR, CRP, WBC) and/or synovial fluid aspiration/biopsy (cell count and culture) AND off antibiotics.

❖ REVERSE TOTAL SHOULDER ARTHROPLASTY (RTSA) for the treatment of arthritis, irreparable rotator cuff tears or proximal humeral fractures:

Arthritis

- **RTSA** may be indicated for the **treatment of arthritis** when **ALL** of the following criteria are met (Somerson, 2016):
  - Evidence of painful osteoarthritis or inflammatory, non-infectious arthritis (e.g., rheumatoid) with functional limitations (such as activities of daily living or employment or simple recreation)
  - Complete or near-complete loss of joint space on axillary or AP x-rays (internal rotation and/or external rotation) OR radiographic evidence of advanced glenoid bone loss or excessive retroversion (Hyun, 2013).
  - **NOTE**: MRI should not be the primary imaging study to determine the extent of disease
  - Non-repairable massive (> 2 tendons) rotator cuff tear, substantial partial, OR focal full thickness rotator cuff tear with significant rotator cuff dysfunction (weakness, impingement signs on exam) AND intact deltoid.
  - Failure of **at least 12** weeks of non-operative treatment that includes **at least ONE** of the following:
    - Physical therapy or properly instructed home exercise program
    - Rest or activity modification
    - Pharmacologic treatment: oral/topical NSAIDS, acetaminophen, analgesics
    - Corticosteroid injections
  - Age > 60; requests for RTSA in patients < 60 will be reviewed on a case-by-case basis.
  - No injection into the joint within 12 weeks of surgery

Contraindications:

- Any injection into the joint within 12 weeks of surgery
- Active infection within 3 months of surgery
- Neurologic disease resulting in CRPS or Charcot shoulder

Proximal Humeral Fractures

RTSA may be indicated for the **treatment of fractures** when **ALL** of the following criteria are met:

- Acute 2, 3, or 4-part fractures of proximal humerus with or without concomitant tuberosity as evidence by radiographic findings OR painful malunion of proximal humerus fracture with rotator cuff dysfunction (weakness, impingement signs on exam)
- Age > 60; requests for RTSA in patients < 60 will be reviewed on a case-by-case basis

Rotator Cuff Tears

RTSA may be indicated for the **treatment of irreparable rotator cuff tears in the absence of arthritis** when **ALL** of the following criteria are met:

- Non-repairable massive rotator cuff tear AND intact deltoid AND inability to actively elevate the arm above the level of the shoulder (90 degrees) (i.e., pseudoparalysis); **OR**
- history of previous failed rotator cuff repair with severe pain and functional disability
- Failure of **at least 12** weeks of attempted physical therapy or properly instructed home exercise program unless there is worsening of symptoms
- Age > 60; requests for RTSA in patients < 60 will be reviewed on a case-by-case basis

- **NOTE**: RTSA is a reasonable surgical option for irreparable rotator cuff repair without arthritis. However, caution should be exercised when offering RTSA to patients without pseudoparalysis because they can have a higher complication and dissatisfaction rate.

- A cortisone injection within 12 weeks of surgery is an absolute contraindication.