The ODG by MCG Treatment Tab

The ODG Treatment Guidelines allow users to obtain evidence-based, up-to-date, clinical summaries with medical necessity guidance that includes patient selection criteria and citations to the medical literature.

As part of MCG Health, our editorial department analyzes and classifies peer-reviewed papers and research studies each year to develop our treatment guidelines, which are in strict accordance with the principles of evidence-based medicine. Thousands of references and unique citations are reviewed and ranked annually. In addition, the recommendations in ODG are reviewed by our large external Editorial Advisory Board consisting of over 100 doctors from all different specialties.

ODG provides an extensive database of therapies, including various interventional treatments, surgeries, physical medicine modalities, diagnostic and imaging tests, complementary/alternative medicines, and virtually any other treatment or procedure that might be considered in the occupational and non-occupational arenas.

Each treatment includes a recommendation status (Recommended, Conditionally Recommended, Other, or Not Recommended), as well as a supporting recommendation statement, followed by ODG criteria, and a summary of the medical evidence.

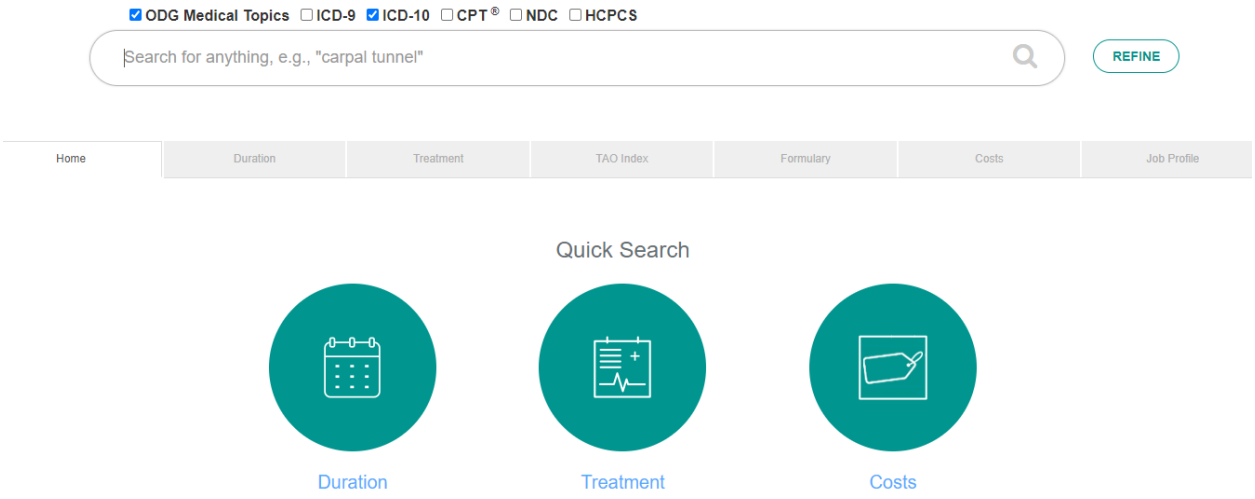
Searching the Treatment Guidelines

Searching for treatments and/or procedures can be done in a variety of ways, outlined below.

Search Options:

There are four search options on the Home tab:

- Type a treatment or procedure name in the search bar.
- Select the **Treatment** tab and then type in the search bar or select a body system in the filter treatment.
- Select the **Treatment** icon and then type in the search bar or select a body system in the filter treatment.
- Select a body area (orange dots) in the human body to view a treatment topic (see Search by Type).



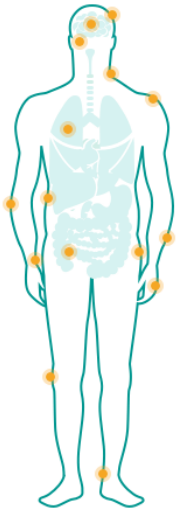
Each of these will allow you to search for a specific treatment and/or search for treatments based on the affected body system. For example, if you are searching for a low back sprain, selecting the Treatment tab will show all treatments for the lower back.

Search by Type:

Scroll down on the Home tab to find more options for accessing content.

- Select a body area (orange dots) in the human body to view a topic.
- Select one of the Top 15 treatments found under **Medical Treatments**.

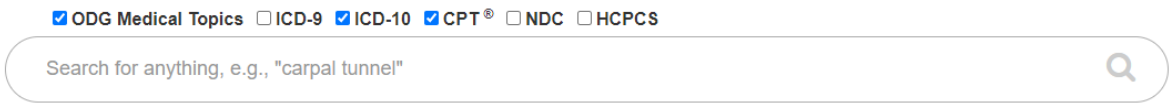
Browse by Type



Return-To-Work Diagnoses	Medical Treatments
Back Sprain	Discectomy
Whiplash	Physical Therapy
Shoulder Sprain	Manipulation
Depression	Spinal fusion
Ankle Sprain	Knee Replacement
Osteoarthritis	Hip Replacement
Carpal Tunnel Syndrome	Rotator Cuff Repair
Inguinal Hernia	Meniscectomy
Meniscus Tear	Carpal Tunnel Release
Chronic Pain	Hernia Repair
Broken Arm	Medications
Knee Sprain	Injections
Eye Foreign Body	Opioids
Wrist Sprain	PTSD
Generalized Anxiety Disorder	CRPS

Search by CPT Code:

Add the ability to search by CPT codes by selecting CPT code on the Home tab. A blue checkmark will appear next to “CPT” when CPT search is enabled. You can search for NDC and HCPCS codes by selecting the box.

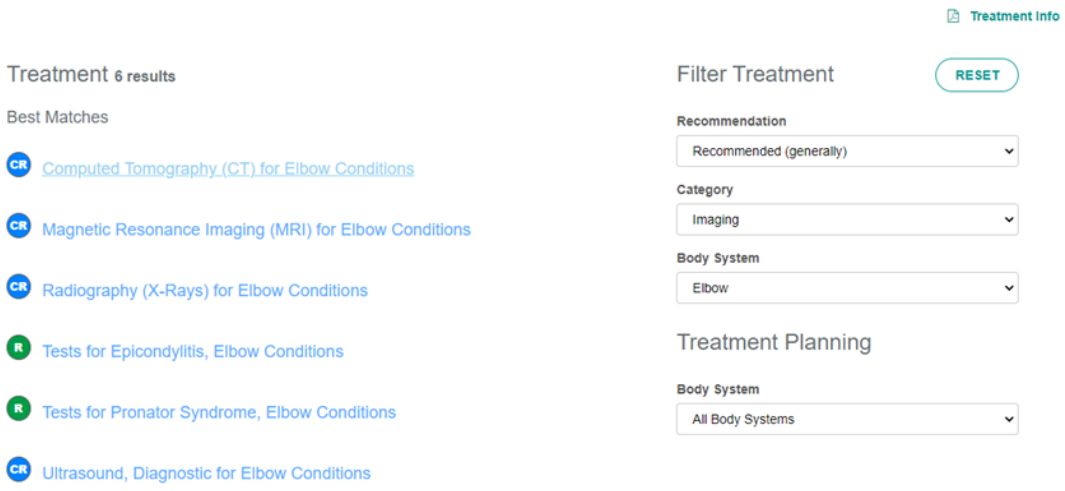


Search by Top Condition:

Select **Top Conditions** to bring up the top 100 conditions to select from.

Filter Treatment Topics:

From the Treatment tab, you can filter by Recommendation, Category, or Body/System. This can be done without entering any keyword in the search bar at the top of the page. The **Filter Treatment** option will filter through all the topics found in the treatment guidelines. For example, if looking for all recommended diagnostic studies for the elbow, change the first filter to **Recommended,** the second filter to **Imaging**, and the third filter to **Elbow**. The best matches appear in the results list as follows.



Treatment Recommendations Key:

- **R**: Recommended
- **CR:** Conditionally Recommended (criteria located in the blue section)
- **O:** Other – cross-reference to another guideline or an information guideline
- **NR:** Not Recommended

You can hover over any of the above recommendation keys for a brief description of that treatment recommendation.

The three primary treatment keys are Recommended, Conditionally Recommended, and Not Recommended. The "Other" status may be used as a cross-reference or as a resource to provide information on a topic as designated with the "D-Definition" label.

Recommended treatment is supported by high medical-based evidence and may contain additional criteria in a blue section.

Conditional Recommended treatment is supported by evidence-based medicine and data for specific criteria. This criterion is in the blue section. An example of this recommendation is listed below.

Other Recommendation may be a cross-reference to another treatment guideline:

Chiropractic Treatment for Low Back Conditions

Body system: Low Back
Treatment type: Complementary/Alternative Medicine, Physical Medicine
Related Topics: Manipulation for Low Back Conditions

See Reference

This topic is indexed as a common search term for guidelines hosted elsewhere. Click-through and see related topics field.

Or an information guideline:

Causation for Low Back Conditions

Body system: Low Back
Treatment type: Other

Related Topics: See Work With Low Back Conditions, specifically the section "ODG Capabilities and Activity Modifications for Restricted Work."

Other

Causation should be determined on a case-by-case basis according to accepted methodical processes outlined in the Causation for Pain. Work demands do not necessarily imply causation of low back pain (LBP) and have minimal effects on disc degeneration. The incidence of LBP is similar between community and occupational settings. Increased risk is more likely to be associated with complex individual and work-related psychosocial factors, including heredity, aging, obesity, smoking, care-seeking and disability, and loss of lumbar lordotic curvature. Independent causation of LBP has not been found for occupational lifting, pushing or pulling, manual handling or assisting patients, sitting, standing, walking, carrying, or awkward postures. Negative recovery expectations portend poorer recovery from LBP and more absence from work. A higher prevalence of LBP has been well documented in the nursing profession, with multifactorial risks.

Or leads to a definition (D):

Decompression for Low Back Conditions

Body system: Low Back
Treatment type: Surgery

Related Topics: See Discectomy/Laminectomy for Low Back Conditions and Microdiscectomy for Low Back Conditions. When decompression therapy is used as a general term, See Powered Traction Devices for Low Back Conditions; Intervertebral Disc Decompression (IDD) Therapy for Low Back Conditions; Traction for Low Back Conditions; Vertebral Axial Decompression (VAX-D®) for Low Back Conditions; Percutaneous Discectomy (PCD) for Low Back Conditions; and Nucleoplasty for Low Back Conditions.

Definition

Definition: Decompression may be a surgical procedure that is performed to alleviate pain caused by pinched nerves (neural impingement). There are two common types of spine surgery decompression procedures: Microdiscectomy or Open decompression (Discectomy/Laminectomy).

Not Recommended treatment guidelines are not supported by evidence-based medicine for that diagnosis or can be not recommended due to lack of evidence to support the treatment or evidence of harm.

The “Treatment Recommendations Key” is based on medical evidence. The treatment guidelines are not meant for auto-approval or auto-denial of any treatment.

Each treatment should be reviewed for medical necessity for the claimant and diagnosis.

Treatment Planning:

This section provides an overview of treatment planning for a specific body system.

Search Treatment

Shoulder Treatment Plan

Treatment Planning

Body System

Shoulder

Note: The Treatment Planning section is not designed to be a rule, and therefore should not be used as a basis to deny care. It outlines the most common pathways to recovery, but there is no single approach that is right for every patient. These care pathways, while evidence-based, are not the only evidence-based options available. Close the Treatment Planning section and Select "Recommended" from the Treatment Filter for a complete list of evidence-based options, along with links to the medical evidence.

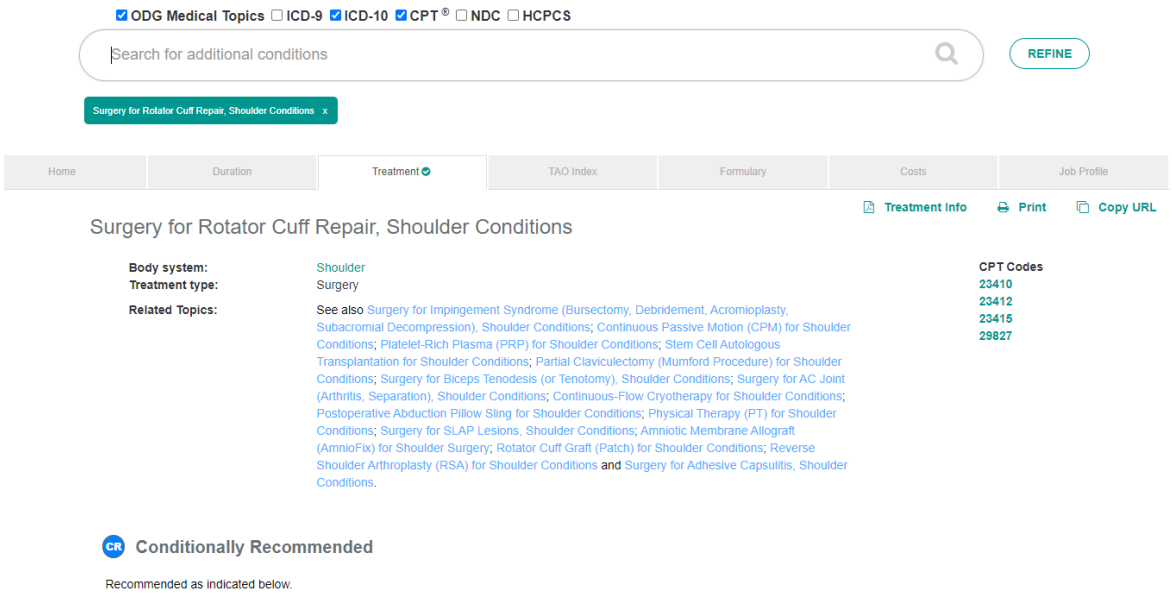
Initial Diagnosis

- First visit: with Primary Care Physician MD/DO (100%)
- Initial evaluation should include:
  - Determine the type of trauma (direct trauma, fall, repetitive motion, twisting incident, etc.).
  - Test the range-of-motion of the joint (normal, mild restriction, severe restriction, or complete restriction).
  - An initial evaluation of the shoulder requires an accurate diagnosis of shoulder injuries by careful inspection and palpation of the shoulder area. Although the shoulder is generally swollen, the injury is usually defined by direct tenderness over the injured area.
  - See also History Findings and Associated Shoulder Disorders; & Selected Tests of the Shoulder.
- **Determine "degenerative changes" versus "acute trauma":**
  - **Degenerative changes** (*Go to Initial Conservative Treatment*) Lesions of the rotator cuff are a continuum, from mild inflammation and degeneration to full avulsions. Studies of normal subjects document the universal presence of degenerative changes and conditions, including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. Surgical outcomes are much better in younger patients with a rotator cuff tear, than in older patients, who may be suffering from degenerative changes in the rotator cuff. Impingement Syndrome, shoulder tendonitis, shoulder sprain, and subacromial bursitis are all closely related entities with the same etiology. They involve friction, abrasion, and inflammation of the rotator cuff and the long head of the biceps tendon with the subacromial arch (anterior lip of the acromion, coraco-acromial ligament and acromioclavicular joint). These conditions involve consequences of aging or repetitive use, or a combination thereof, such as:
    - Impingement syndrome (age > 40 years, weakness, cuff tenderness, painful ROM, impingement sign, radiographic findings, night pain, history of catching or pain with shoulder motion)
    - Rotator cuff tendonitis (similar)
    - Rotator cuff tear (only Type I & II, partial tear, age > 40 years)
    - Adhesive capsulitis, frozen shoulder (progressive pain & stiffness, diabetes or trauma, decreased passive ROM, normal x-rays, night pain)
    - Tendonopathy
    - Bicipital tendon disorders
    - Bursitis
  - **Acute Trauma** (*Go Directly to Aggressive Treatment*)
    - Acute rotator cuff tear (type III, age < 40 years)
    - Acromioclavicular (AC) joint strain or separation
      - Type I-III vs. Type IV-VI (rare, surgery may be indicated)

The Layout of the Treatment Recommendation:

Once you select a treatment topic, it will contain the following features:

- **Treatment Name**
- **Body System:** Body part/system (ie, Pulmonary, Shoulder, Low Back, etc.).
- **Treatment Type:** Category of treatment topic (ie., surgery, imaging, physical medicine, etc.).
- **Related Topics (if applicable):** Other relevant treatment topics that may be similar.
- **Recommendation Status:** Recommended, Conditionally Recommend, Not Recommended.
- **Recommendation Statement:** Further clarifies the Recommendation Status.
- **ODG Criteria (if applicable):** Highlighted in blue, provides indications to optimize success (i.e., patient selection criteria or number of visits).
- **Risk vs. Benefit Statement (not available for all procedures/treatments):** Highlighted in orange, provides a high-level abstract with key information regarding the potential risks and benefits of the given treatment, helping to further define the type of patient that would most benefit, and when the associated risks may outweigh the potential benefits.
- **Evidence Summary:** Summary of the supporting medical evidence, with links from the citations to the abstracts in PubMed.
- **CPT Codes:** List of associated CPT codes.
- **Last Review/Update Date:** At the end of the treatment guideline there will be a date to show when that guideline was last reviewed and/or updated.



ODG Criteria

ODG Indications for Surgery™ -- Rotatorcuff repair:

Criteria for rotator cuff repair with diagnosis of moderate to large full-thickness rotator cuff tear AND cervical pathology and frozen shoulder syndrome have been ruled out:

1. Conservative Care: Optional for age < 60. Recommend at least 6 months. Exercise must be directed toward gaining full ROM, with both stretching and strengthening to balance muscles. Earlier surgical intervention may be required with failure to progress with therapy, high pain levels, and/or mechanical catching. PLUS

2. Subjective Clinical Findings: Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. PLUS

3. Objective Clinical Findings: Weakness with abduction/external rotation testing. May also have atrophy of shoulder musculature. Should have full passive range of motion. PLUS

4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary views AND MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff without significant fatty infiltration (atrophy). PLUS

5. Shoulder injection(s): None during 6 months prior to surgery (delay repair if necessary).

Criteria for rotator cuff repair with or without acromioplasty for diagnosis of small full-thickness or partial-thickness rotator cuff tear (like impingement syndrome 80% improve without surgery.)

1. Conservative Care: Recommend 3 to 6 months: 3 months is generally adequate if treatment has been continuous, 6 months if treatment has been intermittent. Exercise must be directed toward gaining full ROM, with both stretching and strengthening to balance muscles. Earlier surgical intervention may be required with failure to progress with therapy, high pain levels, and/or mechanical catching. PLUS

2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night. PLUS

3. Objective Clinical Findings: Weak or absent abduction; may also have mild atrophy of shoulder musculature; AND Tenderness over rotator cuff, greater tuberosity, or anterior acromial area; AND Positive impingement signs. PLUS

4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary views AND MRI, ultrasound, or arthrogram shows positive evidence of at least partial deficit in rotator cuff without significant fatty infiltration (atrophy).

5. Shoulder injection(s): None during 6 months prior to surgery (delay repair if necessary).

Most rotator cuff surgery is performed in outpatient settings. For average hospital LOS if criteria are met, see Hospital Length of Stay (LOS) for Shoulder Conditions (LOS).

Risk vs. Benefit

Repair of rotator cuff tears can improve pain and function for carefully selected patients, although conservative treatment has reported outcomes often equivalent to surgical management, but without surgical risks. Results following physical therapy, debridement/acromioplasty, and rotator cuff repair for symptomatic non-traumatic rotator cuff tears were similar at mid-term follow-up. One-third of rotator cuff repairs ultimately fail, 3 out of 4 within three months of surgery. The re-tear rate has been somewhat predictable based on tear size, between 10% for ≤ 2 cm2 up to almost 60% for > 8 cm2. Surgical outcomes are much better in younger patients who are less likely to have degenerative changes. Outpatient rotator cuff repair is well-accepted and relatively cost effective. Workers compensation status and/or diabetes predict generally worse outcomes following repair. Shoulder injection within 6 months of repair and multiple injections have been associated with significantly higher revision rates. Revision repairs are inferior to primary, having doubled failure rates at 2 years. Post-operative infection following cuff repair has been < 1% overall, but higher for open approaches and male sex. Open repairs also have more than double the incidence of early complications (infection, readmission, or return to surgery) compared to arthroscopic procedures. Problematic postoperative stiffness occurs in 5-10% of arthroscopic repairs. Fatty infiltration on pre-operative MRI portends poor surgical outcomes. *For specific research and discussion see below.*

Evidence Summary

Overview: Rotator cuff repair (RCR) is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly when acute for younger working individuals. However, rotator cuff tears are frequently only partial-thickness or smaller full-thickness tears, presenting primarily as subacromial impingement, where surgery should be reserved for failure of conservative therapy. Surgery is not indicated for mild symptoms or with no activity limitations. (1) (2) **(EG 1)** Rotator cuff lesions represent a continuum, from mild inflammation and early degeneration to full avulsions. "Full-thickness tear" (complete tear), has been defined as a split into two pieces, creating a hole in a portion or the entire tendon. "Partial-thickness tear" represents damage without completely tendon severing. (3) **(EG 2)** Partial-thickness tears are commonly described either on MRI or during arthroscopy based on a percentage of tendon "thickness" or depth, which can occur on either the articular (undersurface) or subacromial (outer or superior surface)side. As a continuum of the impingement process, eventually a hole (small full-thickness tear) may develop, most commonly at the anterior supraspinatus insertion. Normal subject studies have documented the universal presence of asymptomatic degenerative tearing, including full avulsions. Conservative treatment has outcomes similar to surgical treatment but without surgical risks, with about 85% success when presenting within 3 months of injury. RCR outcomes are much better in younger patients than in older patients who often have pre-existing degenerative changes. (4) **(EG 2)** Non-contrast MRI is sufficient for rotator cuff tear diagnosis. (5) (6) (7) (8) **(EG 2)**

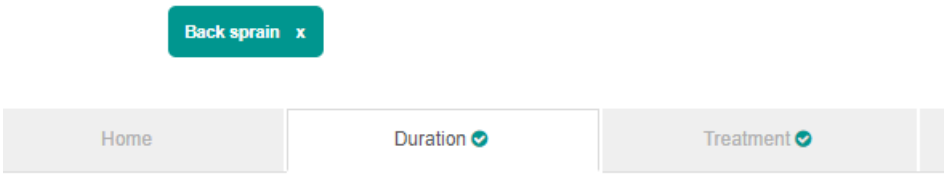
Last review/update date: Feb 12, 2021

Sharing Treatment Guideline Information:

This information can be shared with the provider by selecting the print icon and printing out the information. A copy of the information can be saved in the claim file by selecting the "copy URL" and copying this link.

Navigating Tabs:

The treatment guidelines tab will be checked when a diagnosis is searched. For example, a search for back sprain will bring you to the **Duration** tab. From this tab, you can navigate to the **Treatment** tab.

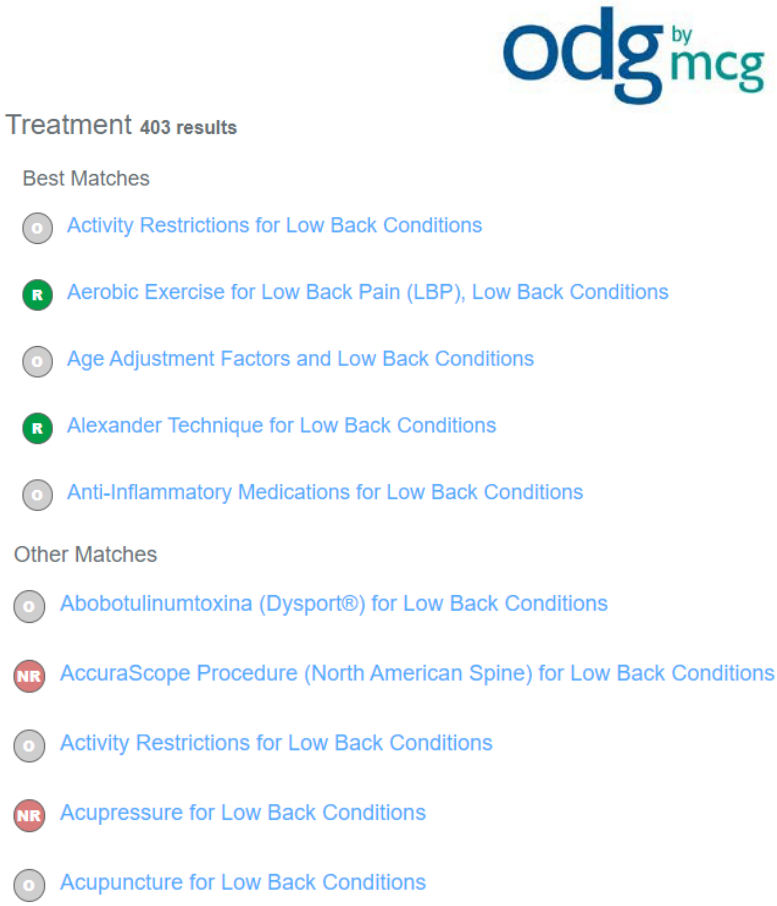


The **Treatment** tab will display the following information:

- Specific treatment guidelines that have been assigned to the condition by the ODG Clinical/Editorial team (listed as Best Matches) followed by a list of treatments related to the body part the condition impacts (listed as Other Matches).

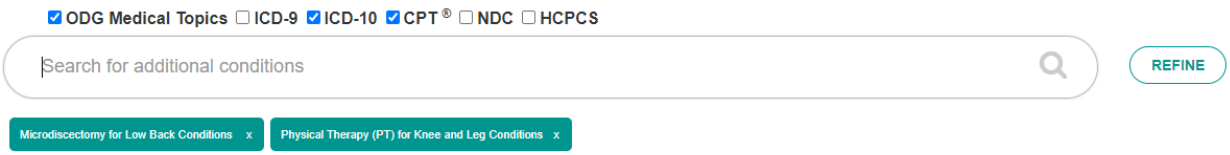
Or

- When no specific treatment guidelines have been manually assigned, a list of treatments related to the body part the condition impacts (listed as Other Matches).
    - For example:
        - Back sprain will show treatments from various chapters that have been manually assigned (Best Matches) as well as all treatments from the low back chapter (Other Matches).
        - Hip Bursitis will only show all treatments from the Hip and Pelvis chapter (Other Matches).



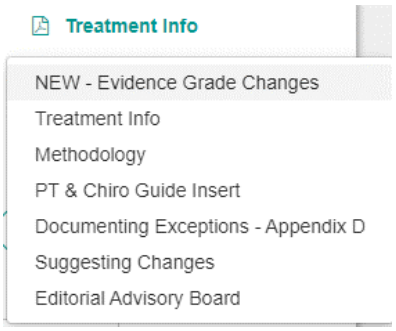
Adding Multiple Treatments:

ODG can search by multiple treatments. For example, a request for surgery and physical therapy are needing review. You can pin both at the top and both treatment guidelines will be available for review under the **Treatment** tab.



Treatment Info

Review the following additional information by selecting **Treatment Info** in the upper right corner while on the Treatment tab. From the dropdown menu, select the item you would like to review.



1. **Evidence Grade Changes:** Describes the change of ODG by MCG in simplifying the previous study rating system (study type 1-11 and study quality a-c) to one with just 3 Evidence Grades.
2. **Treatment Info:** Treatment Guidelines allow users to obtain evidence-based, up-to-date, clinical summaries with medical necessity guidance that includes patient selection criteria and citations to the medical literature.
3. **Methodology:** The Methodology document provides a detailed overview of the AGREE (Appraisal of Guidelines for Research and Evaluation) instrument for evaluating the evidence-based medical guidelines and formulating recommendations as well as the extensive processes that go into each treatment recommendation.
4. **PT & Chiro Guide Insert:** Additional information on the methodology for recommendations regarding physical therapy and/or chiropractic therapy.
5. **Documenting Exceptions:** Provides an outline for the process one should follow in cases of extenuating circumstances not covered in ODG Criteria.
6. **Suggesting Changes:** Provides an inclusive and transparent process for the public to offer suggestions for additions to the ODG guidelines.
7. **Editorial Advisory Board:** Provides additional information on the ODG Editorial Advisory Board and the process of the editorial department.

Contact us at odghelp@mcg.com or 1-800-488-5548 for more information on how to use the ODG Treatment tab or to speak with the ODG Strategic Solutions team about obtaining a customized plan designed to meet the unique needs of your organization.