

RYCO MedReview

DATE OF REVIEW: 06/14/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

A repeat right shoulder MRI

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Employer's First Report of Injury or Illness form
Emergency room reports from an unknown provider (the signature was illegible) dated 07/23/05, 03/07/06, and 05/11/06
Evaluations with M.D. dated 07/25/05 and 07/26/05
TWCC-73 forms from Dr. dated 07/25/05 and 07/26/05
Evaluations with M.D. dated 07/27/05, 07/29/05, 08/01/05, 08/03/05, 08/05/05, 08/22/05, 08/24/05, 08/29/05, 08/30/05, 08/31/05, 09/12/05, 09/14/05, 09/16/05,

09/20/05, 09/21/05, 09/24/05, 09/29/05, 09/30/05, 10/03/05, 10/04/05, 10/05/05, 10/06/05, 10/07/05, 10/10/05, 10/11/05, 10/12/05, 10/13/05, 10/14/05, 11/01/05, 11/04/05, 11/07/05, 11/08/05, 11/09/05, 11/10/05, 11/14/05, 11/16/05, 11/17/05, 11/21/05, 11/28/05, 11/29/05, 12/09/05, 12/14/05, 01/04/06, 01/05/06, 01/12/06, 01/17/06, 01/23/06, 01/27/06, 02/01/06, 02/07/06, 02/17/06, 02/22/06, 02/27/06, 03/04/06, 03/08/06, 03/13/06, 03/20/06, 03/27/06, 03/31/06, 04/04/06, 04/10/06, 04/17/06, 04/21/06, 04/24/06, 05/01/06, 05/04/06, 05/23/06, 05/30/06, 06/07/06, 06/13/06, 06/16/06, 06/20/06, 06/30/06, 07/07/06, 08/04/06, 08/10/06, 08/17/06, 08/31/06, 09/08/06, 09/11/06, 09/12/06, 09/27/06, 10/10/06, 10/24/06, 11/10/06, and 11/21/06

TWCC-73 forms from Dr. dated 07/27/05, 07/29/05, 08/08/05, 09/07/05, 09/14/05, 09/29/05, 11/04/05, 11/10/05, 12/14/05, 01/04/06, 01/12/06, 02/17/06, 03/13/06, 03/31/06, 05/01/06, 05/30/06, 08/04/06, 09/08/06, 09/27/06, 10/10/06, 10/24/06, and 11/08/06

Physical therapy with Dr. dated 08/01/05, 08/02/05, 08/04/05, 08/08/05, 08/09/05, 08/11/05, 08/12/05, 10/03/05, 10/07/05, 10/10/05, 11/07/05, 11/14/05, 11/15/05, 11/16/05, 11/18/05, 12/12/05, 12/14/05, and 12/16/05

MRIs of the right shoulder and hip/pelvis interpreted by M.D. dated 08/04/05

MRIs of the brain and cervical spine interpreted by M.D. dated 08/04/05

Evaluations with M.D. dated 08/15/05, 09/02/05, 09/19/05, 05/12/06, 05/31/06, and 06/28/06

TWCC-73 forms from Dr. dated 08/15/05, 09/02/05, 09/19/05, 05/12/06, 05/31/06, and 06/28/06

Evaluations with O.T.R. dated 08/22/05, 09/21/05, 09/30/05, 10/06/05, 10/13/05, and 11/10/05

Physical therapy with Ms. dated 08/22/05, 08/24/05, 08/29/05, 08/31/05, 09/07/05, 09/09/05, 09/12/05, 09/14/05, 09/16/05, 09/19/05, 09/20/05, 09/21/05, 09/28/05, 09/29/05, 09/30/05, 10/04/05, 10/05/05, 10/06/05, 10/10/05, 10/11/05, 10/12/05, 10/13/05, 11/08/05, 11/09/05, and 11/10/05

Evaluations with M.D. dated 08/30/05, 11/10/05, and 01/05/06

A psychological evaluation with Ph.D. on 10/12/05

An MRI of the lumbar spine interpreted by D.O. dated 11/08/05

An evaluation with M.D. dated 01/24/06

A letter of approval from UniMed Direct dated 02/02/06

A CT scan of the chest interpreted by M.D. dated 03/07/06

An x-ray of the chest interpreted by Dr. dated 03/07/06

Laboratory studies dated 03/07/06

Individual counseling with L.C.S.W. dated 05/04/06, 05/09/06, 05/12/06, 05/18/06, 05/23/06, 05/25/06, 05/30/06, and 06/01/06

Interpretation or Explanation of Results forms from Mr. dated 05/05/06, 05/13/06, 05/19/06, and 05/26/06

A CT scan of the brain interpreted by M.D. dated 05/11/06

A work release form from an unknown provider (the signature was illegible) dated 05/11/06

Evaluations with M.D. dated 07/20/06, 07/27/06, 08/24/06, 09/19/06, 10/03/06, 10/31/06, 11/14/06, 01/02/07, 01/09/07, 01/16/07, 01/23/07, 01/30/07, 02/15/07, 02/20/07, 03/13/07, 04/03/07, and 04/17/07

A TWCC-73 form from Dr. dated 08/16/06

Evaluations with M.D. dated 08/16/06, 04/18/07, and 05/22/07

Video surveillance from dated 09/11/06, 09/19/06, 09/20/06, and 09/21/06

A Required Medical Evaluation (RME) with, M.D. dated 10/05/06

A DWC-73 form from Dr. dated 10/05/06

A letter from Rehabilitation dated 10/11/06

A procedure note from Dr. dated 10/18/06

A Functional Capacity Evaluation (FCE) with M.D. dated 11/20/06

Preauthorization requests from Dr. dated 04/30/07

Letters of adverse determination from UniMed Direct dated 04/30/07 and 05/11/07

A letter from Dr. dated 05/02/07

A medical conference note with Dr. dated 05/10/07

An IRO Summary from at UniMed Direct dated 05/22/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 07/25/05, Dr. recommended Hydrocodone/APAP, Naproxen, and Cyclobenzaprine. On 07/27/05, Dr. recommended an MRI of the head. Physical therapy was performed with Dr. from 08/01/05 through 12/16/05 for a total of 18 sessions. MRIs of the right shoulder and right hip/pelvis performed on 08/04/05 and interpreted by Dr. revealed a small tear in the distal supraspinatus tendon, small joint effusion, hypertrophic changes in the AC joint, and hip rotator tendinopathy. MRIs of the brain and cervical spine interpreted by Dr. on 08/04/05 revealed possible chronic microvascular ischemic changes or migraine sequelae, disc protrusions at C3-C4 and C4-C5, and stenosis at C3 through C7. On 08/15/05, Dr. recommended an EMG/NCV study, a steroid injection, and Ultram. Physical therapy was performed with Ms. from 08/22/05 through 11/10/05 for a total of 25 sessions. An EMG/NCV study interpreted by Dr. on 08/30/05 revealed radiculopathy in the upper extremities. On 09/02/05, Dr. performed another steroid injection and prescribed Darvocet. On 09/19/05, Dr. recommended an MRI of the lumbar spine. On 10/12/05, Dr. recommended Neuropsychological Testing. An MRI of the lumbar spine interpreted by Dr. on 11/08/05 revealed disc bulging at L4-L5 and L5-S1 with facet hypertrophy at L3 through S1. Another EMG/NCV study interpreted by Dr. on 11/10/05 revealed left L5-S1 root irritation. On 12/14/05 and 11/10/06, Dr. felt the patient was not at Maximum Medical Improvement (MMI). On 01/05/06, Dr. advised against ESIs and recommended a neurosurgery evaluation. On 01/24/06, Dr. recommended a trial of epidural steroid injections (ESIs), Soma, and Tramadol. On 02/02/06, UniMed Direct wrote a letter of approval for a cervical ESI. On 02/22/06, Dr. recommended a work hardening program. Individual counseling was performed with Mr. from 05/04/06 through 06/01/06 for a total of eight sessions. On 05/12/06, Dr. recommended an MRI of the left knee.

On 05/31/06, Dr. performed a subacromial injection. On 07/27/06, Dr. recommended a neurosurgical evaluation. On 08/16/06, Dr. recommended a cervical and lumbar myelogram CT scan, along with a psychological evaluation. On 09/19/06, Dr. recommended cervical ESIs, Toradol, Amitriptyline, Soma, Tramadol, Neurontin, and Vicodin. A cervical ESI was performed by Dr. on 10/18/06. On 10/24/06, Dr. recommended a TENS unit. On 01/09/07, Dr. recommended a chronic pain management program and another ESI. On 02/15/07, Dr. recommended cervical ESIs, a TENS unit, and continued medications. On 04/18/07, Dr. ordered a cervical and lumbar myelogram and an MRI of the right shoulder. On 04/30/07 and 05/11/07, there were letters of adverse determination from UniMed Direct for an MRI of the right shoulder. On 05/02/07, Dr. wrote a letter of appeal for the MRI.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The patient had an MRI performed in 2005 for the same problem. There has been a continuation of the patient's pain. However, there has been no new injury or other reason to believe that there has been a significant change in the patient's complaints or problems with regard to the right shoulder. Thus, without any further evidence from the treating physician or requesting physician, I do not see that there is appropriate documentation or justification for a repeat shoulder MRI which will likely show the very same thing that it showed before. Official Disability Guidelines (ODG) and ACOEM Guidelines are very clear about repeat studies, and unless a new type of injury has occurred or good reason to believe that there has been a significant change in the patient's problems, a repeat MRI of the right shoulder is not necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)