

DATE OF REVIEW: 5/29/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Repeat MRI.

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

This case was reviewed by a practicing chiropractor on the external review panel who is familiar with the condition and treatment options at issue in this appeal.

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)

<i>Primary Dx Code</i>	<i>HCPCS</i>	<i>Mod</i>	<i>Units</i>	<i>Type Review</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>Claim #</i>	<i>Uphold / Overturned</i>
840.9	73221		1	Prospective					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 5/1407
2. Determination Notices – 4/20/07, 4/25/07
3. Records and Correspondence– 3/7/07-4/23/07
4. Records and Correspondence from Center – 7/19/01

PATIENT CLINICAL HISTORY:

This case concerns an adult male who sustained a work related injury. Records provide no details about the circumstances of the injury. Diagnoses have included a spur,

impingement syndrome and adhesive capsulitis. Evaluation and treatment for this injury has included surgery, x-rays, an MRI, and rehabilitation services.

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

The patient was injured. The patient underwent initial treatments including passive modalities and active exercise to the left shoulder. Eventually he had surgery to the left shoulder which included a distal clavicle resection. The records reported that there were x-rays taken of the left shoulder which revealed a small spur inferior to the distal left clavicle. The patient has not been referred to an orthopedic surgeon as the treating doctor knows that the surgeon will want to see a new MRI. According to the American College of Radiology Appropriateness Guidelines for Musculoskeletal Imaging, appropriate diagnostic imaging of sub-acute shoulder pain or impingement in a patient over 35 years of age with radiographs revealing coracoacromial osteophytes is a routine MRI of the shoulder. The repeat MRI of the shoulder is thus medically necessary for evaluation and treatment of the patient's condition.

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
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- 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)

GUIDELINES FOR APPROPRIATENESS OF MUSCULOSKELETAL IMAGING, AMERICAN COLLEGE OF RADIOLOGY, 1995, REVISED 2005.