

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 25, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of right shoulder

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

MD, Board Certified Orthopedic Surgeon

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.

The reviewer finds that medical necessity exists for MRI of right shoulder.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/22/08, 10/24/08

ODG Guidelines and Treatment Guidelines

Office notes, Dr. , 08/22/07, 10/09/07, 11/09/07, 11/28/07, 12/27/07, 03/27/08, 05/22/08, 06/19/08, 08/19/08, 10/28/08, 11/05/08

MRI right shoulder, 06/15/06, 05/11/07

Operative report, 12/08/06, 08/15/07

Physical Therapy assessment, 11/30/07

11/16/07

Work status reports, 08/22/07, 10/09/07, 11/09/07, 11/28/07, 03/27/08, 06/19/08,
08/19/08, 09/23/08
Functional abilities evaluation, 03/23/07, 12/04/07
Request for medical records, 11/07/08
Fax, 11/17/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is male with a reported right shoulder injury on xx/xx/xx. The records indicated the claimant was diagnosed with a right shoulder rotator cuff tear with subsequent right shoulder arthroscopic repair of the rotator cuff tear and resection of the acromion and distal clavicle on 12/08/06. An arthroscopic adhesiolysis and debridement and manipulation under anesthesia followed on 08/15/07.

Follow up physician visits during the remainder of 2007, revealed the claimant with continued right shoulder pain with raising his arm along with tenderness, decreased strength and positive impingement on examination. The claimant was attending physical therapy and taking analgesia medications as needed. A NCS performed of the bilateral upper extremities revealed a mild left lunar neuropathy and mild right and left median sensory neuropathies. A diagnosis of right shoulder rotator cuff tendonitis and muscle weakness was made. Continuation of a chronic pain program, medication and off work was recommended.

A physician record dated 03/27/08 noted the claimant with completion of the chronic pain program and continued right shoulder pain and weakness. The claimant remained off work. An MRI was recommended to evaluate the rotator cuff tendon. August 2008 records indicated that the claimant's symptoms remained essentially the same. On an 11/05/08 physician visit, right shoulder pain and mild cervicalgia was noted. Supportive care was advised with the right shoulder MRI pending.

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

This is an appeal for the medical necessity of a right shoulder MRI. This gentleman was injured xx/xx/xx. Records reflect he underwent surgical intervention in the form of a right shoulder arthroscopic rotator cuff repair, acromioplasty, and distal clavicle resection on 12/08/06. He subsequently underwent a second surgical procedure on 08/15/07 consisting of arthroscopic debridement and lysis of adhesions. A manipulation was also performed. He has had continued complaints of pain. Records reflect decreased range of motion and strength with positive impingement. This patient has clearly had ongoing complaints of pain.

Due to his ongoing complaints of pain, limited motion and weakness after two surgical procedures despite conservative treatment, an MRI of the right shoulder would be an appropriate diagnostic measure. This falls within the standards of care. ODG guidelines were used in review of this case. They read that imaging is used for acute shoulder trauma, suspected rotator cuff tear, and impingement in someone over the age of 40. This gentleman meets these guidelines. Further, ODG guidelines state that an MRI may be performed for sub-acute pain with suspected instability or labral tear; the patient

meets these guidelines as well. The reviewer finds that medical necessity exists for MRI of right shoulder.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, Shoulder:
Shoulder: Magnetic resonance imaging (MRI)

Indications for imaging -- Magnetic resonance imaging (MRI):

- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs
- Subacute shoulder pain, suspect instability/labral tear

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)