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DATE OF REVIEW: 06.02.08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI any joint of upper extremity w/out contrast

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

This case was reviewed by a Texas licensed MD, specializing in Preventive Medicine/Occupational Medicine. The physician advisor has the following additional qualifications, if applicable:

ABMS Preventive Medicine: Occupational Medicine

REVIEW OUTCOME:

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

Overturned

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
MRI any joint of upper extremity w/out contrast	73221	-	Overturned

PATIENT CLINICAL HISTORY (SUMMARY):

DOI -. There is a request for an MRI of the left shoulder. This request has been declined at pre-auth at the initial and appeal levels.

On 7/24/06, the claimant underwent an arthroscopic decompression of the shoulder after failing conservative care. The claimant was placed at MMI on 10/26/06 by her treating physician and assigned 4% WP impairment.

The claimant was not seen for a year and a half when she presented with complaints of left shoulder pain.

Initial non-authorization was based upon the fact that a non-contrast study was requested. There were no additional medical information provided and the appeal level determination was adverse as well for the same reason.

Surgical note from 2006 documents that the patient underwent a RCR and an SAD.

Notes from 2008 document that the claimant has had worsening of pain. Shoulder AROM was only mildly limited, there is positive impingement and good strength. The claimant received a subacromial injection and was prescribed a course of rehab. On follow-up the claimant was no better.

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

Although I would concur that a contrast-enhanced (arthrogram) MRI of the shoulder would be a more preferable study to image the post-op shoulder, the adverse determinations simply due to the fact that a non-contrast study was requested were not reasonable.

Medical literature, including ODG, would affirm that a standard, non-contrast MRI, if performed correctly, would be an adequate (but perhaps not the best) study to image the post-op shoulder to determine if there is a re-tear.

Thus, based upon a review of all the medical records provided to me, I recommend overturning the initial and appeal-level adverse determinations simply because a non-contrast MRI was requested. The request, as made, for a non-contrast shoulder MRI is a reasonable study with which to image the post-op shoulder.

ODG-TWC shoulder chapter -

Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. ([Banchard, 1999](#)) Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. ([Oh, 1999](#)) The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. ([Dinnes, 2003](#)) Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. The question we need to ask is: Do we need all this information? If only full-thickness cuff tears require an operative procedure and all other abnormalities of the soft tissues require arthroscopy, then would shoulder arthrography suffice? ([Newberg, 2000](#)) Ultrasonography and magnetic resonance imaging have comparable high accuracy for identifying biceps pathologies and rotator cuff tears, and clinical tests have modest accuracy in both disorders. The choice of which imaging test to perform should be based on the patient's clinical information, cost, and imaging experience of the radiology department. ([Ardic, 2006](#)) MRI is the most useful technique for evaluation of shoulder pain due to subacromial impingement and rotator cuff disease and can be used to diagnose bursal inflammatory change, structural causes of impingement and secondary tendinopathy, and partial- and full-thickness rotator cuff tears. However, The overall prevalence of tears of the rotator cuff on MRI is 34% among symptom-free patients of all age groups, being 15% for full-thickness tears and 20% for partial-thickness tears. The results of this study support the use of MRI of the shoulder before injection both to confirm the diagnosis and to triage affected patients to those likely to benefit (those without a cuff tear) and those not likely to benefit (those with a cuff tear). ([Hambly, 2007](#)) The preferred imaging modality for patients with suspected rotator cuff disorders is MRI. However, ultrasonography may emerge as a cost-effective alternative to MRI. ([Burbank, 2008](#))

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

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

ODG: