



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 03/03/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of the left shoulder without contrast

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.

MRI of the left shoulder without contrast - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Employer's First Report of Injury or Illness form dated

Evaluations with an unknown provider (signature was illegible) dated and 08/07/95

Evaluations with, M.D. dated 08/14/95, 08/22/95, 08/24/95, 08/29/95, 09/05/95, 09/19/95, 10/03/95, 10/10/95, 10/12/95, 10/17/95, and 10/20/95

Evaluations with, P.T. dated 08/23/95, 09/06/95, 09/14/95, 09/19/95, 10/11/95, and 10/13/95

MRIs of the left shoulder interpreted by, M.D. dated 09/25/95 and 06/13/96

Evaluations with, M.D. dated 09/27/95, 09/05/96, 05/29/97, 07/24/97, 08/14/97, 08/21/97, 10/24/97, 11/20/97, 12/23/97, 01/22/98, and 03/09/00

Evaluations with, M.D. dated 10/24/95, 11/01/95, 11/03/95, 11/06/95, 11/11/95, 11/15/95, 11/20/95, 11/28/95, 12/01/95, 12/05/95, 12/11/95, 12/15/95, 12/18/95, 12/21/95, 12/26/95, 01/11/96, 02/02/96, 02/07/96, 02/09/96, 02/14/96, 02/16/96, 02/21/96, 02/23/96, 02/28/96, 03/06/96, 03/08/96, 04/11/96, 04/18/96, 04/22/96, 04/29/96, 05/03/96, 05/08/96, 05/13/96, 05/16/96, 05/20/96, 05/28/96, 05/30/96, 06/03/96, 06/06/96, 06/13/96, 06/17/96, 06/20/96, 06/24/96, 06/27/96, 07/08/96, 07/11/96, 07/16/96, 07/18/96, 07/23/96, 07/29/96, 08/02/96, 08/14/96, 08/16/96, 08/20/96, 08/23/96, 08/27/96, 08/30/96, 09/03/96, 09/06/96, 09/10/96, 09/13/96, 09/17/96, 10/03/96, 10/08/96, 10/11/96, 10/15/96, 10/18/96, 10/24/96, 10/29/96, 11/01/96, 11/07/96, 11/08/96, 11/13/96, 11/14/96, 11/25/96, 12/02/96, 12/04/96, 12/16/96, 12/20/96, 12/23/96, 12/27/96, 12/30/96, 01/03/97, 01/10/97, 01/11/97, 01/13/97, 01/22/97, 01/27/97, 02/19/97, 02/25/97, 02/28/97, 03/07/97, 03/10/97, 03/14/97, 03/21/97, 03/28/97, 03/31/97, 04/23/97, 04/29/97, 05/01/97, 05/07/97, 05/14/97, 05/16/97, 05/27/97, 05/30/97, 06/03/97, 06/06/97, 06/10/97, 06/24/97, 07/11/97, 07/15/97, 07/18/97, 07/22/97, 07/29/97, 08/01/97, 08/05/97, 08/08/97, 08/12/97, 08/15/97, 09/02/97, 09/10/97, 09/12/97, 09/16/97, 09/19/97, 09/23/97, 09/26/97, 09/30/97, 10/08/97, 10/14/97, 10/17/97, 10/28/97, 11/04/97, 11/07/97, 11/14/97, 11/19/97, 12/01/97, 12/08/97, 12/24/97, 12/29/97, 01/09/98, 01/27/98, 02/06/98, 02/12/98, 02/20/98, 02/27/98, 03/27/98, 03/31/98, 04/08/98, 05/05/98, 06/11/98, and 06/23/98

Evaluations with, M.D. dated 12/06/95, 12/20/95, 01/26/96, 02/12/96, 03/04/96, 05/01/96, 05/17/96, 06/10/96, 07/01/96, 08/07/96, 08/28/96, 10/16/96, 01/08/97, 02/11/97, and 04/16/97

MRIs of the lumbar and cervical spine interpreted by Dr. dated 12/07/95

EMG/NCV studies interpreted by Dr. dated 12/15/95, 05/20/96, and 01/27/98

Procedure reports from Dr. dated 12/26/95, 01/23/96, 02/20/96, and 07/02/96

Operative reports from Dr. dated 01/16/96 and 11/18/96

A pathology report interpreted by, M.D. dated 01/16/96

Evaluations with, M.D. dated 01/26/96, 01/29/96, 01/31/96, 02/12/96, 02/28/96, and 05/03/96

An endoscopy with Dr. dated 01/27/96

Evaluations with Dr. (no credentials were listed) dated 05/30/96 and 10/24/96

A pathology report from, M.D. dated 11/18/96

An EMG/NCV study interpreted by Dr. dated 03/31/97

A letter from Dr. dated 05/08/97

MRIs of the cervical spine and left shoulder interpreted by, M.D. dated 05/23/97

An operative report from Dr. dated 10/20/97

Physical therapy with, O.T. dated 12/27/97
A chronic pain evaluation with, M.D. dated 05/12/98
Evaluations with, M.D. dated 10/15/98, 01/07/99, 01/28/99, 03/09/99, 05/04/99, 08/10/99, 11/16/99, 11/30/99, 01/11/00, 03/07/00, and 05/02/00
An MRI of the left shoulder interpreted by, M.D. dated 03/14/00
Evaluations with M.D. dated 11/07/01, 12/12/01, 01/16/02, 02/13/02, 03/04/02, 03/11/02, 03/25/02, 04/15/02, 04/26/02, 04/29/02, 05/06/02, 05/08/02, 05/29/02, 07/10/02, 07/17/02, 07/24/02, 08/02/02, 08/26/02, 09/05/02, 09/06/02, 09/11/02, 09/26/02, 10/14/02, 11/04/02, 11/25/02, 12/16/02, 01/06/03, 01/09/07, 04/10/07, and 05/24/07
X-rays of the chest interpreted by, M.D. dated 03/05/02
Operative reports from Dr. dated 03/21/02 and 04/23/02
Letters from Dr. dated 05/09/02 and 11/14/02
MRIs of the left shoulder interpreted by, M.D. dated 08/22/02 and 09/24/02
CT scans of the left shoulder interpreted by Dr. dated 09/16/02 and 09/24/02
An EMG/NCV study interpreted by, M.D. dated 10/29/02
An MRI of the cervical spine interpreted by Dr. dated 12/26/02
An evaluation with, M.D. dated 01/16/03
A Required Medical Evaluation (RME) with, M.D. dated 07/31/07
Evaluations with., M.D. dated 08/17/07, 10/26/07, and 12/11/07
An evaluation with, M.D. dated 10/03/07
A letter of non-certification, according to the ODG, from, D.O. dated 12/19/07
A letter of non-certification, according to the ODG, from, M.D. dated 01/17/08
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On xx/xx/xx, Dr. recommended physical therapy, Flexeril, and non-steroidal anti-inflammatories. Physical therapy was performed with Mr. on 09/06/95 and 09/14/95. An MRI of the left shoulder interpreted by Dr. on 09/25/95 revealed possible degeneration or tendonitis and possible shoulder impingement syndrome. The patient had visits with Dr. from 10/25/95 through 06/23/98 for a total of 151 visits and most of them consisted of acupuncture. MRIs of the lumbar and cervical spine interpreted by Dr. on 12/07/95 revealed mild spondylosis at C4-C5 and degenerative disc disease from C2-C3 to C5-C6. An EMG/NCV study interpreted by Dr. on 12/15/95 was unremarkable. Cervical facet injections were performed by Dr. on 12/26/95, 01/23/96, and 02/20/96. Left shoulder surgery was performed by Dr. on 01/16/96 and 11/18/96. On 06/10/96, Dr. performed a steroid injection in the AC joint. An MRI of the left shoulder interpreted by Dr. on 06/13/96 revealed a possible SLAP lesion. On 06/24/96, Dr. recommended acupuncture, chiropractic care, psychological support, biofeedback, and medications. A lumbar facet and SI joint injection was performed by Dr. on 07/02/96. On 10/16/96, Dr. recommended another shoulder surgery. EMG/NCV studies of the left upper extremity interpreted by Dr. on 03/31/97 and 01/27/98 revealed an abnormality in the left C5-C6 nerve root distribution. MRIs of the cervical spine and left shoulder interpreted by Dr. on

05/23/97 were unremarkable. On 10/20/97, Dr. performed left shoulder surgery. Occupational therapy was performed with Ms. on 12/17/97. On 03/07/00, Dr. recommended an MRI of the left shoulder and a repeat EMG/NCV study. An MRI of the left shoulder interpreted by Dr. on 03/14/00 revealed rotator cuff tendinosis and AC joint arthrosis. Left shoulder surgery was performed by Dr. on 03/21/02 and 04/23/02. On 04/29/02 and 05/06/02, Dr. recommended physical therapy. A left shoulder injection was performed by Dr. on 07/17/02. An MRI of the left shoulder interpreted by Dr. on 08/22/02 revealed a small amount of tendinosis in the supraspinatus tendon and possible adhesive capsulitis. A CT scan of the left shoulder interpreted by Dr. on 09/16/02 was unremarkable. A repeat MRI and CT scan of the left shoulder interpreted by Dr. on 09/24/02 revealed a tear of the supraspinatus tendon complex. An EMG/NCV study interpreted by Dr. on 10/29/02 revealed left C6 motor radiculopathy. A cervical MRI interpreted by Dr. on 12/26/02 revealed a disc protrusion at C2-C3 and disc bulge at C3-C4. On 10/03/07, Dr. prescribed Lyrica and Darvocet. On 10/26/07, Dr. performed a left shoulder steroid injection. On 12/11/07, Dr. requested an MRI of the shoulder. On 12/19/07, Dr. wrote a letter of non-certification for the MRI. On 01/17/08, Dr. also wrote a letter of non-certification for the MRI.

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

This patient had five specific surgeries on the left shoulder and had multiple MRIs. There is no evidence at this point that anything significant has changed this patient's symptomatology that would warrant an MRI. I think my personal read of the situation is that this patient basically has sort of a failed shoulder syndrome, had multiple surgeries, and this has not gotten better. I do not expect that any further imaging or studies would be of any further benefit at this point. Certainly, this falls well outside of the ODG.

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 AND KNOWLEDGE BASE
- 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)