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Notice of Independent Review Decision

DATE OF REVIEW: 03/07/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Items in Dispute: MRI of the left shoulder and right hip.

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

Chiropractor

Diplomate of the American Association of Quality Assurance & Utilization Review Physicians

Diplomate of the American Academy of Pain Management

Certified by the American Academy of Disability Evaluating Physicians

Fellow of the American Back Society

REVIEW OUTCOME

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

Denial Overturned:

MRI of the left shoulder and right hip is approved.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 04/16/07 – Chiropractic initial narrative by Dr.
2. 04/16/07 thru 03/03/08 – Chiropractic notes.
3. 04/17/07 – Functional Capacity Evaluation.
4. 04/19/07 – Return to work recommendation.
5. 11/27/07 – Required Medical Evaluation.
6. 02/12/08, 02/19/08 – Preauthorization denials of left shoulder and right hip MRI.

PATIENT CLINICAL HISTORY [SUMMARY]:

The employee was xx years old when she slipped and fell on xx/xx/xx. The employee attempted home care for approximately two months before seeking definitive supervised and professional care.

The employee sought care with Dr. at Center. Dr. performed a thorough examination and identified findings consistent with a cervical sprain/strain, a lumbar sprain/strain, a right and left shoulder sprain/strain, a right and left knee sprain/strain, and a right and left hip sprain/strain. The mechanism of injury did support these diagnoses, but it appears the insurance carrier had denied compensability.

A Benefit Review Conference did result in acknowledgement of the employee's occupational injury. However, there is now a dispute regarding extent of injury.

It appears the employee was xx years old when she sustained an occupational injury involving multiple body parts on xx/xx/xx. Records do suggest that the employee had a preexisting lumbar spine injury which had resulted in surgical intervention with some residual paresthesias. The employee has been returned to work as of 04/19/07 in a light duty capacity. She has remained in this light duty capacity since 04/19/07. The employee has also undergone intermittent chiropractic evaluations with minimal treatment based on the previous denials of care.

Dr. has been attempting to have the employee undergo further diagnostic testing for her shoulder complaints and her right hip complaints, but these have been denied based on **Official Disability Guidelines**. Multiple reviewers suggested that after reading the **Official Disability Guidelines** that the records did not support the necessity of diagnostic testing. One reviewer indicated that since the employee was at work on a light duty basis, it appeared that she was improving, and therefore, would likely improve further without any additional care. However, the **Official Disability Guidelines** indicate "magnetic resonance imaging is recommended as indicated below". An MRI and arthrogram have apparently similar diagnostic and therapeutic impact and comparable accuracy, although MRI was considered to be more sensitive and less specific. MRI was therefore the preferred investigation because it was better to determine soft tissue anatomy. So tears that are full thickness were best imaged by MRI arthrography where large tears and partial thickness tears are best defined by MRI or possibly arthrography. Nevertheless, indications for an MRI are as follows:

1. Acute shoulder trauma with a suspected rotator cuff impingement or tear and the patient is over xx years old with a normal plain film radiograph.
2. Subacute shoulder pain with a suspected instability or a labral tear.

Both of these criteria appear to have been met when the original MRI was requested.

With regard to the right hip MRI, it does not appear that anyone ever really mentioned why that was being denied. They did cite the **Official Disability**

Guidelines which include “recommended as indicated below”. The MRI was apparently both highly sensitive and specific for detection of many abnormalities involving the hip or surrounding soft tissues. Indications for MRI include 1) osseous articular or soft tissue abnormalities, 2) osteonecrosis, 3) occult and acute stress fracture, 4) acute and chronic soft tissue injuries, and 5) tumors. Exceptions were suspected osteoarthral or labral tears in the hip. The employee does have a chronic soft tissue injury which apparently has been accepted by the insurance carrier. They did accept that the employee had a sprain/strain injury which is a soft tissue injury.

Based upon the **Official Disability Guidelines**, this employee should have had an MRI of the left shoulder and right hip long ago. **Official Disability Guidelines** do allow for this diagnostic test to be performed on this particular type of patient as outlined above.

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

The request for an MRI of the left shoulder and right hip are approved. The **Official Disability Guidelines** for both the hip and shoulder do recommend MRI studies as an appropriate diagnostic test. The records clearly indicate that this employee has not improved with regard to function or pain complaints. She has had attempts at physical therapy, and she has been returned to work in a limited duty capacity. The employee still has ongoing complaints with ongoing positive objective findings documented by the orthopedic testing and range of motion testing confirmed by Dr..

An MRI diagnostic study is appropriate for both the left shoulder and right hip as recommended by Dr. .

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

1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES