

# Applied Assessments LLC

*An Independent Review Organization*  
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## Notice of Independent Review Decision

**DATE OF REVIEW: MARCH 5, 2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of repeat right shoulder MRI.

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

M.D., 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 the previous adverse determination should be overturned and that repeat right shoulder MRI is medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Shoulder:  
Magnetic resonance imaging (MRI)  
Adverse Determination Letters 12/18/07, 1/29/08  
Operative report, 06/09/2003, 02/05/04, 01/12/06

Arthrogram right shoulder, 07/21/2003

MRI arthrogram right shoulder, 05./12/2005

Office notes, Dr. 02/07/06, 02/28/06, 03/06/06, 03/28/06, 04/18/06, 08/29/06, 10/31/06, 03/27/07, 09/25/07, 10/23/07, 11/20/07, 12/11/07, 01/16/08, 02/06/08

X-ray knee, 09/25/07

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This female claimant reportedly had a history of right shoulder pain. The claimant was diagnosed with a right shoulder subacromial impingement and degenerative joint disease of the acromioclavicular joint and subsequently underwent a right shoulder arthroscopic debridement of the supraspinatus tendon and labrum, subacromial decompression and Mumford procedure on 01/12/06.

Persistent right shoulder pain was reported post-operatively despite conservative measures to include physical therapy and injections.

Examinations revealed global tenderness, tenderness over the slump of the clavicle, and tenderness over the anterior acromion. A repeat right shoulder MRI was requested to re-evaluate the shoulder.

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

Female for whom request was made to determine the medical necessity of repeat MRI scan on the right shoulder. Records reflect that she had right shoulder subacromial decompression in January 2006. Records reflect ongoing pain complaints in the right shoulder. An MR arthrogram was described as unremarkable in 05/05 following which she underwent her surgery as outlined January 2006.

There does not appear any evidence within the records that a postoperative MRI scan was completed. Thus, based on Dr. 's request, it is medically necessary to proceed with a repeat right shoulder MRI to determine if there is a structural explanation for her persistent ongoing pain complaints following her surgery.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Shoulder: Magnetic resonance imaging (MRI)

### **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)**