

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 05/19/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left shoulder MRI

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 4/17/08 and 4/30/08

1/9/08 thru 4/29/08

Prior reviews 04/17/2008, 04/30/2007

Letter of appeal Dr. 04/24/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient has chronic low back pain. He is status post L3-L4 and L4-L5 discectomy/laminectomy 06/03/1999. During a functional restoration program, he injured his left shoulder in the Chronic Pain Program at Rehabilitation Institute. He now cannot lift his left shoulder or comb his hair. He had a Medrol Dosepak, with no relief. The last MRI of the lumbar spine shows some facet hypertrophy throughout and disc space narrowing a L3-L4. There is no lumbar stenosis. Examination reveals decreased range of motion of the left shoulder. The provider is requesting an MRI of the left shoulder.

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

The MRI of the left shoulder is not medically necessary. There has not been conservative therapy of the left shoulder, including physical therapy or corticosteroid injection. Also, no plain films of the left shoulder have been obtained. According to the last note by Dr. (04/30/2008), he is awaiting plain films of the left shoulder. Results of the plain films, if they have been done, were not included in this review. According to ODG, plain films should be obtained prior to an MRI of the shoulder. Also, other conservative measures, such as physical therapy, should be undertaken prior to the MRI.

References/Guidelines

2008 *Official Disability Guidelines*, 13th edition
“Shoulder” chapter

Mild/moderate – Initial Conservative Therapy

Also first visit (day 1):

- o Prescribe [alteration of activity](#) (home & work), no overhead work, stretching (gentle range-of-motion exercises), appropriate analgesia (i.e., acetaminophen) and/or anti-inflammatory (i.e., ibuprofen) [*Benchmark cost: \$14*], back to work -- modified duty: if condition caused by job, possible ergonomic evaluation of job
ODG Return-To-Work Pathways
Medical treatment (Grade I or II₁, impingement, no tear), modified work: 0 days □ Medical treatment (impingement, no tear), manual work: 7 days
(See ODG Capabilities & Activity Modifications for Restricted Work under “[Work](#)” in Procedure Summary)
- Second visit (day 8-20 – about 2 weeks after first visit, or sooner, because [delayed treatment](#) is not recommended)

- o Document progress
 - o If not significantly improved then prescribe [physical therapy](#) (gentle range-of-motion exercises plus exercises that strengthen the rotators and stabilize the scapula) should be started for home exercise training [*Benchmark cost: \$250*]: Refer to Physical Therapist (50%) or Occupational Therapist (50%) for up to 3 visits per week for 2 weeks
 - Third visit (day 21-35 – about 1 month after first visit)
 - o Document progress
 - o Further relaxation and pain control can be achieved by injecting an anesthetic under the acromion (laterally or anteriorly) into the shoulder joint.
 - o [Corticosteroid injection](#) trial [*Benchmark cost: \$276*]. Should be performed by musculoskelatally trained physician. Sprains of the rotator cuff cause swelling within a closed space and add an element of chronic impingement which may be slow to resolve. By decreasing swelling, local infiltration of the rotator cuff with corticosteroids may quicken the resolution of this problem. Repeat corticosteroid injection may be necessary, but should not be done any sooner than every two weeks, up to a maximum of three injections. Injection should be avoided in patients under 30 years of age.
 - o If prescribe therapy, then continue therapist, change from passive to active modality, up to 2 visits per week, teach home exercises.
- ODG Return-To-Work Pathways
- Medical treatment (impingement, no tear), manual overhead work: 28 days □ Medical treatment, regular work if cause of disability: 42 days □ Medical treatment, heavy manual work: 42 days
- Fourth visit (day 42 – about 6 weeks after first visit)
 - o Refer for [Imaging](#)

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

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

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)