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Notice of Independent Review Decision

DATE OF REVIEW: 10/13/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Outpatient MRI of the right shoulder

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. , M.D., 08/28/07 thru 10/04/08
2. , M.D., 05/29/08
3. Notice of utilization review findings, 07/30/08, 08/13/08
4. , Attorneys At Law, 10/07/08
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This employee was injured in a repetitive trauma job. When first examined by Dr. , the employee had a positive impingement sign. She had arthroscopic surgery for repair of a partial thickness rotator cuff tear. On 04/22/08, Dr. reported that the employee was back to work, had no complaints, and was ready for discharge.

Dr. performed a Designated Doctor Evaluation on 05/29/08 and found the employee to be at Maximum Medical Improvement (MMI) with a 10% impairment from restriction of range of motion of the right shoulder. The examination reported normal and symmetrical reflexes, strength, and sensation in the bilateral upper extremities, no

instability in the right shoulder, no atrophy in the right arm, and decreased range of motion with full effort.

The employee then claimed recurring pain beginning on 07/22/08 after returning to her repetitive job. Dr. reported full range of motion with good strength in the right shoulder. Dr. requested an MRI.

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

Official Disability Guidelines are very specific in indications and in recommendations for the indications for MRI imaging. This case is not an acute shoulder trauma, and there was no instability.

After surgery, the employee had full range of motion with no complaint of pain. The employee then returned to work and began experiencing pain again. There are no indications for the requested MRI to diagnose the subjective complaint of pain. There were no objective findings that would provide indications for this diagnostic study. The employee had completely recovered after her surgery, had full range of motion with no pain, had returned to full duty at work, and had been found to be at MMI. The only clinical finding was a subjective complaint of pain. This symptom does not meet ***Official Disability Guidelines*** for MRI imaging.

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

1. ***Official Disability Guidelines***