

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 12/02/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Repeat Right Shoulder MR Arthrogram 73222

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

Texas 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., 11/07/08 to 09/29/09
2. M.D., 12/04/08 to 10/15/09
3. R.N., 12/17/08, 01/07/09, 09/17/09
4. M.D., 12/23/08
5. M.D., 01/14/09
6. M.D., 02/04/09 to 02/10/09
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This employee was hurt over xxxx ago, and her initial complaints were hand and wrist pain.

Dictation from Dr. on xx/xx/xx noted a pain level of 8.5/10. She wanted Norco on that date. The doctor noted she was wearing a splint on the right hand, and she had a

normal range of motion of the cervical spine. The report was not provided for review, but an MRI apparently reported a small intersubstance tear of the rotator cuff of the right shoulder. She was treated with physical therapy and medications, and an injection on one occasion.

An intervening injury occurred on xx/xx/xx with a motor vehicle accident. She stated on that date that she had neck pain and increased pain in the right shoulder and right wrist.

Dr. noted on 01/14/09 that she had a good range of motion in all four extremities. She was neurologically intact with symmetrical reflexes, strength, and sensation in the bilateral upper and lower extremities. The doctor diagnosed a sprain of the cervical and lumbar spine.

An MRI of the cervical spine reported small disc protrusions at multiple levels.

Dr. noted on 10/15/09 noted the employee had increased pain in the right shoulder. The pain radiated into her neck and down her right upper extremity. She also had numbness and tingling in all the fingers. She had moderate AC joint pain, moderate pain over the anterior and posterior shoulders, 90 degrees of abduction, exquisitely painful Neer's test, and normal external and internal rotation with minimal weakness. The doctor on that date requested a repeat MR arthrogram of the right shoulder.

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

This claimant had an MRI and MR arthrogram, which demonstrated a small incomplete tear in the rotator cuff.

Official Disability Guidelines recommendations indicate large tears or partial thickness tears are best defined by MRI. There was no indication that this employee has a labral tear, and there were no indications based on **Official Disability Guidelines** recommendations for a repeat MR arthrogram.

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

1. Official Disability Guidelines