



5068 West Plano Parkway Suite 122  
 Plano, Texas 75093  
 Phone: (972) 931-5100

**DATE OF REVIEW:** 02/25/2009

**IRO CASE #:**

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

MRI Right shoulder without contrast

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Trauma, Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

**REVIEW OUTCOME:**

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

Overturned

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
MRI Right shoulder without contrast	73221		Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Office Visit Notes	Orthopedic Surgery Group	20	01/17/2008	01/22/2009
2	EMG/NCV Study	Orthopedic Surgery Group	2	12/03/2008	12/03/2008
3	PT Notes	Orthopedic Surgery Group	2	06/25/2008	08/01/2008
4	Initial and Appeal Denial Letters		6	01/02/2009	01/29/2009
5	IRO Request	Texas Department of Insurance	12	02/06/2009	02/06/2009

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xx year old , who suffered injuries to the right shoulder and left wrist when some heavy objects fell on him sometime around xx/xx/xx. He suffered the development of left wrist pain eventually attributed to ulnar aspect wrist pain of unknown etiology, left carpal tunnel syndrome in part eventually attributed to "shoulder - hand syndrome" and rotator cuff tear, labral tear and bicipital tendonitis. He underwent right shoulder arthroscopic repair of the rotator cuff tear. He continues to suffer pain in the right shoulder with extremes of overhead motion. A "click" in the anterior aspect of the shoulder has been documented on external rotation of the shoulder with the arm in adduction. Repeat MRI scan has been requested.

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

There does appear to be a new physical finding which has developed subsequent to the arthroscopic surgery of 04/24/08. Specifically, the "click" in the anterior aspect of the shoulder with external rotation with the arm in adduction is a new physical finding. An MRI would appear to be an appropriate study to be obtained in an effort to evaluate the etiology of this "click". The study should be approved as an appropriate diagnostic study in the face of a new physical finding that deserves investigation.

Magnetic resonance imaging (MRI)	<p>Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. (<a href="#">Banchard, 1999</a>) Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. (<a href="#">Oh, 1999</a>) The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. (<a href="#">Dinnes, 2003</a>) Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. The question we need to ask is: Do we need all this information? If only full-thickness cuff tears require an operative procedure and all other abnormalities of the soft tissues require arthroscopy, then would shoulder arthrography suffice? (<a href="#">Newberg, 2000</a>) Ultrasonography and magnetic resonance imaging have comparable high accuracy for identifying biceps pathologies and rotator cuff tears, and clinical tests have modest accuracy in both disorders. The choice of which imaging test to perform should be based on the patient's clinical information, cost, and imaging experience of the radiology department. (<a href="#">Ardic, 2006</a>) MRI is the most useful technique for evaluation of shoulder pain due to subacromial impingement and rotator cuff disease and can be used to diagnose bursal inflammatory change, structural causes of impingement and secondary tendinopathy, and partial- and full-thickness rotator cuff tears. However, The overall prevalence of tears of the rotator cuff on MRI is 34% among symptom-free patients of all age groups, being 15% for full-thickness tears and 20% for partial-thickness tears. The results of this study support the use of MRI of the shoulder before injection both to confirm the diagnosis and to triage affected patients to those likely to benefit (those without a cuff tear) and those not likely to benefit (those with a cuff tear). (<a href="#">Hambly, 2007</a>) The preferred imaging modality for patients with suspected rotator cuff disorders is MRI. However, ultrasonography may emerge as a cost-effective alternative to MRI. (<a href="#">Burbank, 2008</a>)</p> <p><b><u>Indications for imaging -- Magnetic resonance imaging (MRI):</u></b></p> <p>- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal</p>
----------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	plain radiographs - Subacute shoulder pain, suspect instability/labral tear
--	--------------------------------------------------------------------------------

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

ODG: Magnetic resonance imaging (MRI)

**TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS:** The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 02/25/2009.