

# US Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/04/2009

**IRO CASE #:**

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

Repeat Cervical MRI, Repeat Left Shoulder MRI, EMG/NCV Left Upper Extremity

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

M.D., Board Certified Orthopaedic 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 7/28/09, 8/10/09

Law Office of 8/18/09

MD, 1/21/09, 2/23/09, 3/30/09, 4/6/09, 5/4/09, 7/13/09

MRI of the Left Shoulder, 2/5/09

Bilateral EMG/NCV, 2/13/09

Chest 2 Views, 3/30/09

Operative Report, 3/31/09

ODG Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xxyear-old male patient, injured on xx/xx/xx when he apparently slipped on a wet fire escape and fell, injuring his neck and shoulder. In March 2009 he underwent cervical fusion. There has been a previous MRI scan of the shoulder in February 2009. He has had EMG/nerve conduction studies showing radiculopathy in February 2009. It is stated in the postoperative notes that the patient was doing reasonably well with no evidence of neurological problems or evidence of problems with a cervical fusion. There are complaints of ongoing shoulder pain. There is no mention in the medical records as to why this patient requires further imaging studies, particularly given the shoulder study having been performed so recently. The request is for Repeat Cervical MRI, Repeat Left Shoulder MRI, and EMG/NCV Left Upper Extremity.

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

Based upon the medical records, there is absolutely no support for repeat imaging or EMG/NCV of the left lower extremity. There is no evidence in the medical record that would support any imaging under the ODG Guidelines nor of any pathology being identified. The shoulder has already had an MRI scan several months ago, which showed the rotator cuff tear. There is no evidence in the medical record of interim change. There is no evidence as far the cervical spine is concerned of pseudoarthrosis, increased radiculopathy, or neurological deficit, and there is no explanation in the medical record as to why the requesting surgeon wishes a repeat MRI scan of the cervical area. In addition, the patient has had EMG/nerve conduction studies showing radiculopathy. The request does not conform to the statutorily mandated Official Disability Guidelines, given the paucity of information contained in the medical records and the inadequacy of the explanation as to why these studies are required. The reviewer finds that medical necessity does not exist for Repeat Cervical MRI, Repeat Left Shoulder MRI, EMG/NCV Left Upper Extremity.

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

ACOEM-AMERICA 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)