



Notice of Independent Review Decision-WC
CLAIMS EVAL REVIEWER REPORT - WC



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

DATE OF REVIEW: 8-23-10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient cervical MRI

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

American Board of Orthopaedic Surgery-Board Certified

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Employees report of injury.
- MRI of the left shoulder dated 10-3-08.
- Follow up visits at, and Clinic on 9-29-08, 10-6-08, and 2-19-10.
- MD., office visits on 10-14-08, 11-18-08, 2-3-09, 4-7-09, 4-30-09, 5-28-09, 6-2-09, 10-22-09, 11-19-09 and 1-14-10.
- 12-4-08 Surgery performed by Dr..
- Medical records reflects the claimant was placed on physical therapy postop. Visits provided on 1-9-09, 1-16-09, 1-19-09, 1-21-09, 1-23-09, 1-26-09, 2-6-09, 2-11-09, 2-13-09, 12-16-09, 2-18-09, 2-20-09, 2-25-09, 2-27-09, 3-2-09, 3-4-09, 3-6-09, 3-17-09, 3-18-09, 3-20-09, 3-25-09, and 3-27-09.
- 6-28-09 MD., performed a Designated Doctor Evaluation.
- 8-18-09 Surgery performed by Dr..
- Initial physical therapy evaluation performed on 9-3-09. Follow up physical therapy visits on 9-15-09, 9-16-09, 9-21-09, 9-22-09, 9-24-09, 9-25-09, 9-28-09, 10-1-09, 10-2-09, 10-7-09, 10-9-09, 10-21-09, 10-23-09, 10-28-09, 10-30-09, 11-2-09, 11-6-09, 11-10-09, 11-12-09, 11-16-09, 11-20-09.
- 12-3-09 MD., performed a Designated Doctor Evaluation.
- 2-1-10 Evaluation at.
- MD., office visits on 5-20-10 and 7-13-10.
- MRI of the left shoulder after arthroscopic injection dated 7-8-10.
- 7-20-10 Utilization Review.
- 7-27-10 Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Employees report of injury notes that on xx/xx/xx, the claimant was helping security staff and injured his left shoulder.

MRI of the left shoulder dated 10-3-08 showed full thickness supraspinatus and infraspinatus tendon tears, which appear to be acute or subacute. There is associated humeral head high riding. Glenohumeral joint effusion and subacromial/subdeltoid bursitis. Mild AC joint capsular hypertrophy.

Follow up visits at, and Clinic on 9-29-08, 10-6-08.

On 10-14-08, the claimant was evaluated by MD., who recommended surgery for his left rotator cuff tear.

On 12-4-08, the claimant underwent left shoulder arthroscopy with SLAP tear repair, arthroscopic subacromial decompression, open rotator cuff tear using five 5.5 mm anchors and three additional sutures.

Medical records reflect the claimant was placed on physical therapy postop. Visits provided on 1-9-09, 1-16-09, 1-19-09, 1-21-09, 1-23-09, 1-26-09, 2-6-09, 2-11-09, 2-13-09, 12-16-09, 2-18-09, 2-20-09, 2-25-09, 2-27-09, 3-2-09, 3-4-09, 3-6-09, 3-17-09, 3-18-09, 3-20-09, 3-25-09, and 3-27-09.

Follow up with Dr. on 4-7-09 notes the claimant had a great deal of difficulty with his left shoulder despite physical therapy. The evaluator felt the claimant had developed significant adhesive capsulitis and will require left shoulder arthroscopic lysis of adhesion and manipulation.

On 6-28-09 MD., performed a Designated Doctor Evaluation. He certified the claimant had not reached MMI and estimated 9-26-09 as the date of MMI. The evaluator recommended manipulation of the left shoulder under anesthesia as requested by his surgeon.

On 8-18-09, the claimant underwent manipulation under anesthesia.

Initial physical therapy evaluation performed on 9-3-09. Follow up physical therapy visits on 9-15-09, 9-16-09, 9-21-09, 9-22-09, 9-24-09, 9-25-09, 9-28-09, 10-1-09, 10-2-09, 10-7-09, 10-9-09, 10-21-09, 10-23-09, 10-28-09, 10-30-09, 11-2-09, 11-6-09, 11-10-09, 11-12-09, 11-16-09, 11-20-09.

Postop, Dr. reported the claimant is doing well post the manipulation under anesthesia. The evaluator recommended the claimant continue with physical therapy.

Follow up with Dr. on 11-19-09 notes the claimant is doing a little better with his shoulder. The evaluator recommended the claimant be instructed in a home exercise program.

On 12-3-09, MD., performed a Designated Doctor Evaluation. He certified the claimant had reached MMI and awarded the claimant 8% impairment rating based on range of motion loss.

Follow up with Dr. on 1-14-10 notes the claimant was unhappy that he was placed at MMI, but he still had pain in his shoulder. The claimant was given an 8% impairment rating. The claimant will continue with a home exercise program.

Medical records reflect the claimant came under the care of on 2-1-10. The claimant complained of left shoulder pain. The evaluator recommended a Functional Capacity Evaluation and referral for pain management.

On 5-20-10, the claimant was evaluated by MD. The claimant presented with left shoulder pain. The claimant recently was under the care of Dr. who operated on the claimant twice. Records suggest the claimant had a repair of the left supraspinatus and infraspinatus as well as a labral repair. The claimant also had a subacromial acromioplasty. Postop, the claimant developed adhesive capsulitis, which was treated with physical therapy and manipulation. The claimant has never obtained the pain relief he desired. X-rays of the shoulder showed a small residual type II acromion. He has minimal arthritis in his AC joint. The greater tuberosity appears to be somewhat deformed. X-rays of the cervical spine showed severe degenerative changes at C3-C4, C4-C5 and to a lesser extent at C5-C6 and C6-C7. Recommendations: MRI of the cervical spine, intraarticular gadolinium enhanced MRI of the left shoulder.

MRI of the left shoulder after arthroscopic injection dated 7-8-10 showed Hill-Sachs deformity of the left femoral head with postsurgical changes related to prior rotator cuff repairs. No rotator cuff tear is seen within the limits of this examination. The labrum is intact. Mild degenerative and hypertrophic changes are seen in the left acromioclavicular joint. On arthrogram images, majority of the injected contrast is seen in the glenohumeral joint, but on MR images, the contrast has redistributed anterior to the glenohumeral joint, in the region of the subcoracoid recess and interspersed with the subscapularis fibers. In addition, on the arthrogram images, there is blunting of the axillary recess. This constellation of findings in a patient with history of left shoulder pain and prior rotator cuff repair is suggestive of adhesive capsulitis.

Follow up with Dr. on 7-13-10 notes the claimant's MRI of the shoulder with gadolinium was reviewed. On exam, the claimant had restricted abduction to about 70 degrees. His right shoulder has about 90 degrees of abduction. The claimant underwent rotator cuff repair several years ago. He has tenderness over his left shoulder AC joint. He is also tender in the interscapular region. The evaluator felt the claimant's situation was very complex. He had an element of residual adhesive capsulitis it was unclear if he will respond to continuing therapy or manipulation. The evaluator recommended incremental pain relief from decompression at the distal clavicle. The evaluator reported that before making any type of surgical decision, he should follow up on his cervical spine, which has degenerative disc disease and from which he is almost certainly symptomatic. The evaluator recommended an MRI of the cervical spine.

7-20-10 Utilization Review notes non-authorization of outpatient cervical MRI. There was no initial plain film analysis, which is pivotal in regards to determining more advanced imaging. Therefore, the evaluator would not at present be able to support certification on this request. If the plain film x-rays have been done, please submit a current report for a prompt reconsideration review.

7-27-10 Utilization Review notes non-authorization for outpatient cervical MRI. The evaluator reported that the claimant is a male who apparently strained his left shoulder on x/xx/xx when he was assisting in. He subsequently had two surgeries on his shoulder, a superior labrum anterior-posterior (SLAP) lesion a subacromial decompression and cuff repair on 11/24/08 and a manipulation under anesthesia (MUA) on 8/14/09. He has not returned to work because of shoulder pain. There is no documentation of neck pain in 2008 or 2009. When seen by Dr. 7/13/10 it is noted that he is 5'9" and 263 pounds, still has some limit of motion of the shoulder with 90 degrees of flexion and has a history of hypertension and heart disease. He notes that the MRI shows the repair of the cuff intact and a small residual acromion with some type II characteristics. There is not neurologic exam or mention of cervical symptoms. On 7/20/10 a request for cervical MRI was denied as he did not meet the requirements of ODG indicating abnormal neurologic exam. For this appeal, there is a note indicating we should review the clinical notes of 5/20/10. In that note the history of shoulder problems and prior treatment is recorded.

There is no neurologic exam provided. The discussion states the doctor thinks he should have a cervical MRI before further treatment to the shoulder. He also suggests yet another radiographic study of the shoulder in spite of two previous studies. It seems quite clear from the discussion of the prior reviewer that the patient has no indication for a MRI of the neck. There is no neurologic exam. There are no neck complaints and no exam of the neck directly.

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

MEDICAL RECORDS REFLECT A CLAIMANT WITH COMPLAINTS OF LEFT SHOULDER PAIN WHO HAS BEEN TREATED WITH MEDICATIONS, SURGERY, MANIPULATION UNDER ANESTHESIA, AND PHYSICAL THERAPY. THE CLAIMANT HAS CONTINUED WITH RESTRICTED RANGE OF MOTION OF THE LEFT SHOULDER AND WITH TENDERNESS OVER THE AC JOINT. THERE HAS NOT BEEN PHYSICAL EXAM OF THE CERVICAL SPINE. NO PLAIN FILMS OF THE CERVICAL SPINE. THERE IS NO INDICATION THAT THE CLAIMANT HAS CERVICAL RADICULOPATHY. ODG'S CRITERIA ARE NOT MET FOR AN MRI OF THE CERVICAL SPINE. THEREFORE, NECESSITY FOR MRI OF THE CERVICAL SPINE IS NOT REASONABLE OR MEDICALLY INDICATED.

ODG-TWC, last update 8-5-10 Occupational Disorders of the Neck and Upper Back –

Cervical MRI: Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness Criteria™. MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. (Bigos, 1999) (Bey, 1998) (Volle, 2001) (Singh, 2001) (Colorado, 2001) For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. (Daffner, 2000) (Bono, 2007)

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

- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present
- Neck pain with radiculopathy if severe or progressive neurologic deficit
- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present
- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present
- Chronic neck pain, radiographs show bone or disc margin destruction
- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit

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)