

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 6/14/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

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)

Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Letter by dated 5/26/2010
 2. Notice to utilization review by dated 5/25/2010
 3. Notice of assignment by dated 5/25/2010
 4. Request for a review by author unknown dated 5/24/2010
 5. Request for IRO by author unknown dated 5/24/2010
 6. Physician review by DO dated 5/20/2010
 7. Request for assignment by dated 5/18/2010
 8. Fax page by author unknown dated 5/18/2010 & 5/26/2010
 9. Letter by dated 5/18/2010
 10. Form by author unknown dated 5/10/2010
 11. Request form by author unknown dated 5/10/2010
 12. Letter by dated 5/5/2010 & 5/21/2010
 13. Physician review by MD dated 5/5/2010
 14. Clinical note dated 4/29/2010
 15. Pre-authorization by MD dated 1/22/2010
 16. Workman's compensation by MD dated 4/2/2009 to 4/28/2010
 17. Report of medical evaluation by author unknown dated 4/2/2009
 18. Interoffice consultation by MD dated 3/18/2009
 19. Patient history by author unknown dated 3/18/2009
 20. Fax page by author unknown dated 3/17/2009
 21. Right shoulder MRI by MD dated 3/13/2009
-

22. Report of medical examination by author unknown dated 2/9/2009 to 3/10/2009
23. Clinical note by MD dated 1/26/2009 to 3/10/2009
24. Concurrent review request dated 1/19/2010
25. Patient information dated 1/12/2009
26. Cervical spine by MD dated 1/10/2009
27. Imaging request dated 12/21/2006
28. Pre- operative assessment by author unknown dated 6/26/2006
29. Final report by MD dated 6/26/2006
30. Clinical note by author unknown dated 3/22/2006
31. MRI screening form by author unknown dated 3/20/2006
32. Short form history by author unknown dated 3/20/2006 & 6/26/2006
33. Surgical procedures by author unknown dated 3/20/2006 & 6/26/2006
34. Ride release by author unknown dated 3/20/2006 & 6/26/2006
35. Post procedure instructions by author unknown dated 3/20/2006 & 6/26/2006
36. Arthrogram report by MD dated 3/20/2006 & 6/26/2006
37. Final report by MD dated 3/20/2006
38. Work status report by author unknown dated 2/18/2006 to 4/28/2010
39. Interpretation of radiographs by MD dated 2/21/2006
40. Workman's compensation by MD dated 2/21/2006 to 4/2/2009
41. Form by author unknown dated 2/21/2006 to 4/28/2010
42. Threee views right wrist by MD dated 2/12/2006
43. Self assessment by author unknown dated unknown
44. Self assessment by author unknown dated unknown
45. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a female who fell and injured her right shoulder on xx/xx/xx. She was treated conservatively with medications. She had an MRI in March 2009 which demonstrated advanced arthritic changes with glenohumeral joint marginal osteophytes, joint space narrowing, nearly absent articular margins, AC joint osteophytes with impingement. She received a subacromial joint injection March 8, 2009, which did provide pain relief. Cervical pathology has been ruled out. On April 2, 2009, she had improved and was felt to have reached MMI with 0% impairment. On December 31, 2009, she was seen in follow up and had become more symptomatic. There was limited motion noted and injured employee received an injection, which again gave her good relief. Repeat MRI ordered to plan for surgery.

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

According to ODG criteria, Indications for imaging -- Magnetic resonance imaging (MRI):

- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs
- Subacute shoulder pain, suspect instability/labral tear.

This request is for a repeat MRI. There are no specific guidelines for shoulder repeat MRI. Repeat imaging in the spine is recommended if there is progressive neurologic deficit or significant change in exam.

The injured employee had a subacromial injection in March 2009, with immediate relief. She was examined in April and had full range of motion (ROM) and was declared maximum medical improvement (MMI). With advanced arthritic disease of the joint, an injection can provide relief for several months. In this case, the symptoms returned several months later, in the winter. Osteoarthritis does flare up in the winter. The injection in December provided immediate relief.

There is no report of new trauma or significant change in exam.

There is no indication for repeat MRI and in fact, the mention of an MRI to determine the degree of osteoarthritis in planning a total joint is not solid judgment. A CT scan would provide better details regarding the bone. The recommendation is to uphold denial for MRI.

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)

Scalise JJ, Codsí MJ, Bryan J, Brems JJ, Iannotti JP. The influence of three-dimensional computed tomography images of the shoulder in preoperative planning for total shoulder arthroplasty. *J Bone Joint Surg Am.* 2008 Nov; 90(11):2438-45.

Mather RC 3rd, Watters TS, Orlando LA, Bolognesi MP, Moorman CT 3rd. Cost effectiveness analysis of hemiarthroplasty and total shoulder arthroplasty. *J Shoulder Elbow Surg.* 2010 Apr; 19(3):325-34.