

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the Cervical Spine; MRI bilateral shoulders

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

M.D., Board Certified Orthopedic 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

Dr. Office Records: 11/05/09, 11/09/09, 12/15/09, 01/15/10

Discharge 11/03/09

MRI – orbit, face, and neck w/o contrast: 11/12/09

Prescription 02/12/10

Peer review 02/26/10

Peer review 03/12/10

Letter of Denial: 03/01/10 and 03/16/10

Letter of Appeal: 03/12/10

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates

PATIENT CLINICAL HISTORY SUMMARY

This male sustained multiple injuries when he fell 12 feet from an extension ladder to the ground hitting his head, face, neck, shoulders and left knee. The claimant was seen in the emergency room and admitted for treatment. The hospital discharge summary noted tenderness in each shoulder with full range of motion, 5/5 strength in forward flexion as well as forearm extension and flexion. Shoulder x-rays were negative. The 11/05/09 office record included findings for the left shoulder only, which were unremarkable. An untitled office record dated 02/12/10 revealed complaints of bilateral shoulder pain with objective exam findings of restricted range of motion bilaterally with positive Neer impingement and Hawkin's signs bilaterally.

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

The requested cervical spine and bilateral shoulder MRI is not medically necessary based on review of this medical record. This is a gentleman who after falling was admitted to the hospital and had a cervical spine MRI at the time of his admission, which was negative. He is currently under the care of a physician who on 02/12/10 documented some positive impingement signs to both shoulders with no evidence of instability or weakness and no evidence of neurologic deficit and requested an MRI of the cervical spine and bilateral shoulders.

There is no documentation in any of the medical records provided of conservative care such as physical therapy, home exercises, or anti-inflammatory medications, no evidence of any type of shoulder injections. There is no documentation that this physician knew that the claimant had a previous cervical spine MRI, which was normal, and there is no documentation as to exactly what this physician is looking for in these diagnostic tests. In light of the fact that there is no documentation of cervical spine traumatic abnormality and the fact that the claimant has already had a previous cervical spine MRI, which was normal, the requested cervical spine MRI is not medically necessary. In light of the fact that there has been no evidence of a fracture or instability or conservative care of either shoulder and the fact that the physician did not describe what he was looking for on the requested MRIs, then the requested right and left shoulder MRI is not medically necessary. The reviewer finds that medical necessity does not exist for MRI of the Cervical Spine; MRI bilateral shoulders.

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)