

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: MAY 29, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

73221 MRI any joint of upper extremity, without cont.

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

This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

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

On XX/XX/XXXX there is an Operative Procedure Report at Hospital by M.D. The preoperative diagnosis was impingement syndrome, left shoulder with AC arthrosis with evidence of superior lateral tear. The post operative diagnosis is impingement syndrome, left shoulder with AC arthrosis, with evidence of superior lateral tear.

On September 19, 2003 there is an imaging report completed at clinic of the left shoulder dictated by M.D. The impression states: 1. Higher grade SLAP tear, this tear may extend into the biceps tendon at the biceps anchor; 2. Attenuation of the anterior labrum with a prominent middle glenohumeral limits, this has the appearance of the Buford complex; 3. The rotator cuff is intact, although there may be some minimal under surface partial tearing.

On May 19, 2009 there is an evaluation by MD. The physical examination states examination of the left shoulder reveals that the claimant has positive Neer and Hawkin's impingement signs. He has good range of motion, good flexion/extension, no evidence of fractures, dislocations, or other abnormalities today. The diagnosis is Rotator Cuff Syndrome.

On December 1, 2010 there is an Emergency Care and Treatment note from clinic signed by MD. The note states the claimant is in with left shoulder pain x years, states worse today, no known recent trauma, claimant also complain of left hand numbness states "not able to take much pain medication r/t liver.

On March 8, 2011 there is a note from clinic by MD. The note state claimant is having mild pain, which went into the shoulder and now he has been having similar problems. He has a history of having a pain pump in the past and he has been having some shoulder pain and he is concerned that may be he has degeneration of cartilage due to the pain pump. We are now going to get an MRI to evaluate him for this. He recently had to go to the emergency room for this persistent shoulder pain and now presents for evaluation. Social hx states claimant has never used IV drugs, no tattoos, single, smokes 2 cigarettes/day, does not drink. PE states reveals good range of motion of the shoulder, does have a prominence to the collarbone today, does have positive Neer, as well as Hawkin's impingement sign, has positive popping in the shoulder, has no evidence of infection or other problems, is neurologically as well as neurovascularly intact. Dx is rotator cuff syndrome of should and allied disorders; superior glenoid labrum lesion. Plan is to get an MRI to rule out any further cartilage damage.

On March 8, 2011 there is an Order Requisition from MD for an MRI left shoulder w/o contrast MRI

On March 22, 2011 there is a Pre-authorization request form from MD to clinic for an MRI left shoulder without contrast

On March 31, 2011 there is an Adverse Determination Letter-Amended 3/31/2011. The rationale for non-authorization states: based on the medical records submitted for review on the above referenced claimant, left shoulder MRI without contrast is not approved. No other records available for review, no indication for MRI of left shoulder at this time. Claimant has had 2 shoulder surgeries. Please submit additional records for review if MRI is indicated 3/8/11-OV-Dr. -Left shoulder post surgeries x 2 SLAP repair and clavicle excision. History of pain pump. Concern about cartilage degeneration, PE- good ROM of should, + Heer, +Hawkins, +popping, MV intact, no signs of infection. Hx smokes pppd, +hepatitis and thyroid disease. I called Dr on 3/25/11 at 9:45 a.m. I spoke to office manager and left a call back number. No return call was received and no additional clinical as requested. My opinion is based upon the medical records as described above. I have made every attempt to provide a reasonable and fair opinion based on the information available.

On April 12, 2011 there is an evaluation note by MD. Under the PE portion of the note it states the claimant does have prominence over the collarbone. He does have impingement signs. He does have popping audible, as well as palpable with motion of the shoulder. Positive O'Brien's test. Dx is rotator cuff syndrome of should and allied disorders; superior glenoid labrum lesion. The recommendation states going to try to get this MRI approved for him for evaluation of the labrum. He just recently had a bout of pain to his left shoulder. His arm was going numb on him. He was concerned that he was having myocardial infarctions. He was seen at Hospital for evaluation of that. Everything cleared for MI. He was told that it was related to his shoulder pain. I explained to him that labral tears can cause a feeling of dead arm.

On April 20, 2011 there is a preauthorization request form from, MD requesting an MRI left shoulder.

On April 25, 2011 there is an order for an MRI of the left shoulder

On April 26, 2011 there is an Adverse Determination Letter of Reconsideration. The rationale for non-authorization states: At the present time, for the described medical situation, medical necessity for this specific request is not established. Official Disability Guidelines would not

presently support this request as one of medical necessity, as there is no documentation to indicate that there has been a recent change in the neurological status of the affected upper extremity. The above noted reference would not presently support this request as one of medical necessity. Criteria: Official Disability Guidelines.

PATIENT CLINICAL HISTORY:

Hx smokes 2 cigarettes/day, positive for Hepatitis C, and positive for thyroid disease, gallstones.

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

The previous decisions are overturned, based on the ODG a Repeat MRI is indicated if there is evidence of significant change in symptoms. . The claimant's condition has changed, per Dr. physical exam on March 8, 2011, the claimant has a positive Neer test, as well as a positive Hawkin's impingement sign, the claimant's pain in his left shoulder has increased, and the claimant complains of "his arm going numb."

ODG:

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
- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. ([Mays, 2008](#))

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 KNOWLEDGBASE
- 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)