



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 10/12/11

**IRO CASE #:**

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

MRI scan (repeat) of the right shoulder

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., in private practice for approximately 30 years in the field of Chiropractic and Sports Medicine, board certified in Sports Medicine, Peer Review, and Manipulation Under Anesthesia

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

Approximately 96 pages of medical and other records forwarded from the Texas Department of Insurance to the IRO for review which include but are not limited to:

1. Two pages from on an Independent Review dated 09/01/11
2. Three pages of request for reconsideration from on 09/19/11
3. Four copies of a three-page report from Physical Therapy Services, 02/14/11
4. One page from PTS dated 04/20/11
5. Two copies of MRI report of the right shoulder, two pages in length, from Outpatient Imaging, 12/06/10
6. Two pages from Outpatient Imaging of the right elbow, 09/06/10
7. Fifteen pages of Functional Capacity Evaluation report from Healthcare Center, 08/19/11
8. One page of a prescription from M.D., for 09/19/11
9. Two pages of a SOAP note and description from M.D., 08/18/11
10. Four pages of a report from Healthcare Center, 08/17/11

11. Two copies of a four-page report from Healthcare Center, 09/01/11
12. Four pages of a report from Healthcare Center, 09/14/11
13. One page of a DWC Form 73 dated 09/01/11
14. Five pages of an initial report from Healthcare Center, 08/17/11
15. One page of a report from M.D., 07/29/11
16. Two copies of a one-page report from M.D., 05/20/11
17. Three pages of a report from Physical Therapy Services, 03/15/11
18. Two pages of a surgical report from Providence Emergency Medical Center, 12/13/10

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient injured the shoulder. The patient stated at the time he was holding a container when the container got stuck. The patient then tried to release the container, pulling with both arms, and felt a popping sensation with severe pain in the right shoulder.

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

Both of the review physicians utilized the ODG as I will, and they state that the ODG in looking at a repeat MRI scan is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. Both of the doctors note that Dr. the orthopedic surgeon, on examination mentioned that the employee complained of intermittent numbness in the hands and intermittent cramping, and motor and sensory standpoint appears to be intact clinically, and he could not explain why the cramping was having the vague numbness. He also states that on objective exam, he was finding popping and crepitus. Unfortunately, both doctors assume that the complaints are not part of the exam and, in fact, they are, although they are subjective in nature, and they should be looked at clinically as well as the objective findings that Dr. found. It should also be noted that Dr. the surgeon, notes that he cannot explain why the patient is still having these problems after the surgery.

In clinical experience, sometimes surgeries do not go the way that the surgeon anticipates, and there can be other problems inherent with the surgical procedure. It appears from the note that Dr. has a conundrum as he does not know why the patient is having these problems, but he is concerned enough to order a repeat MRI scan, and the patient is experiencing objective findings of crepitus and popping. Due to the fact that the neurovascular bundle exits the cervical region into the arm through the shoulder, it appears that a repeat MRI scan is medically reasonable.

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

*(Check any of the following that were used in the course of your review.)*

\_\_\_\_\_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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)