

SENT VIA EMAIL OR FAX ON  
Apr/10/2012

## P-IRO Inc.

An Independent Review Organization  
1301 E. Debbie Ln. Ste. 102 #203  
Mansfield, TX 76063  
Phone: (817) 405-0878  
Fax: (214) 276-1787  
Email: resolutions.manager@p-iro.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/09/2012

**IRO CASE #:**

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

MRI Arthogram right shoulder with contrast

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

Orthopedic surgery

**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**

OD Guidelines

Preauthorization request review 02/27/12

Reconsideration utilization review determination 03/14/12

Office notes 02/20/12 and 02/22/12

Impairment rating evaluation 12/05/11

Preauthorization request 02/22/12

Preauthorization appeal request 03/08/12

MRI left shoulder 08/24/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx. Records indicate the claimant was injured when he pulled over onto the shoulder of the road. After he unfastened his seatbelt and was about to open cab of door to give out, the shoulder of the road gave way causing truck to tilt to right and fall into ditch. The claimant reportedly was thrown a few feet to the right across cab injuring his head, neck, and right shoulder. The claimant was taken to ER where he complained of neck pain radiating up to the head with headache and right shoulder pain. MRI of right shoulder on 08/24/10 was compared to prior MR arthrogram of right shoulder dated 10/09/08 and prior studies done on 10/23/06 and 04/29/07. A high grade partial undersurface tear affecting the ventral fibers of infraspinatus and posterior fibers of supraspinatus tendon was noted, with no definite full thickness tear, tendon retraction, atrophy or fatty infiltration within the muscle bellies. There was stable mild tendinopathy of longhead of biceps tendon within bicipital groove without tear. There is stable type II tear.

There were changes consistent with prior acromioplasty with persistent mild AC joint hypertrophy with inferior osteophytic spurring impinging the supraspinatus musculotendinous junction with moderate amount of fluid / bursitis in adjacent subacromial / subdeltoid bursa. There were postoperative changes consistent with suture anchors within humeral head related to prior rotator cuff repair and / or biceps tenodesis. Per impairment rating evaluation dated 12/05/11, the claimant reached maximum medical improvement as of 06/03/10 with whole body impairment rating of 0%. The claimant was seen for new patient visit by on 02/20/12. The claimant was noted to present with right shoulder pain. The claimant reported pain in the right lateral shoulder and posterior shoulder. On examination the claimant was noted to be 72 inches tall and 325 lbs. X-rays of right shoulder reported 100% acromial overhang; acromion type II. Active range of motion measurements reported flexion 92, internal rotation L5, external rotation 68. Provocative testing reported Neer 3+, Hawkins 3+, Jobe's 4+, drop arm negative, O'Brien's 3+, Gilcrest palm up 2+. No radiology report was submitted for review, but prior MRI of right shoulder from 04/01/10 reportedly showed mild supraspinatus tendinosis without partial or full thickness tear. There is bony capsular hypertrophy appearing to minimally impress on supraspinatus musculotendinous junction in position of abduction. There was AC joint arthrosis with marrow edema bordering articulation, compatible with symptomatic arthrosis.

A request for MRI arthrogram of the right shoulder was reviewed on 02/27/12 and determined as not medically necessary. It was noted that medical document dated 02/20/12 indicated that subjectively there were symptoms of pain in the right shoulder located in the posterior and lateral regions. Pain was described as sharp and moderate in nature. Objectively it was documented that there was an ability to flex the right shoulder to approximately 92 degrees and externally rotate to 68 degrees. It was documented that neurovascular examination was intact. Plain x-rays of the right shoulder disclosed findings consistent with a type 2 acromion. It is documented that past treatment has included physical therapy services as well as at least two therapeutic injections to the affected shoulder. Right shoulder MRI obtained 04/06/10 reportedly revealed findings consistent with the presence of acromioclavicular arthrosis, no evidence of a labral tear, as well as tendinosis in the supraspinatus. There was documentation of definitive rotator cuff tear. Reviewer noted that the request was not supported by Official Disability Guideline criteria. It was noted that MRI of the right shoulder was previously accomplished. Records available for review did not provide any documentation to indicate that there has been a recent change in physical examination of the affected shoulder compared with previous examination. As a result medical necessity for this request would not be established as it is documented that MRI of the right shoulder has been previously accomplished with no documentation of any new changes on physical examination of the affected shoulder. Adverse determination recommended.

A reconsideration request for MRI arthrogram of the right shoulder was reviewed on 03/14/12 and the request was non-certified as medically necessary. It was noted that the claimant was injured when he was thrown on to the passenger side of the truck. The claimant was seen on 02/22/12 for complaints of right shoulder pain, difficulty with overhead activities and reaching behind his back. The claimant noted pain with lying on his side, night pain and reach across his body. Examination revealed tenderness to the anterolateral acromion, bicipital groove and greater tuberosity. Flexion was to 92 degrees and internal rotation was to L5. External rotation was to 68 degrees. Neer and Hawkin's was 3+. Job's was 4+. Drop arm was negative. O'Brien was 3+ and Gilcrest pain was 2+. X-rays of the right shoulder showed 100% acromial overhang and a type 2 acromion. The requesting provider noted that the MRI of the right shoulder from 04/01/10 showed no tears. An MR arthrogram of the right shoulder was recommended. The claimant has been treated with medications, physical therapy and injections with no improvement. The case was discussed with Rick an assistant in office who noted that he had seen the claimant with and indicated that another physician had discharged the claimant from care indicating there was nothing more to be done. Although the MRI of 04/10 did not reveal any injuries, they were hoping to get an MR arthrogram to see if there were any intervening problems that might be correctable. He was not able to document any change in the individual's condition recently. There has apparently not been any prior surgery. Repeat imaging is ordinarily not entertained unless there has been a significant change in symptoms or findings. In this case it appears there are chronic shoulder

complaints but MRI in 04/10 two months after date of injury was unrevealing. Given the absence of any significant change in condition, absence of new injury and presence of unremarkable prior imaging, the request for repeat study including arthrography would not be indicated as medically necessary.

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

The proposed MRI arthrogram of the right shoulder with contrast is not supported as medically necessary. The claimant sustained an injury to the right shoulder on 02/23/10. He apparently has a history of previous left shoulder surgery. MRI of the right shoulder was obtained on 04/01/10 and reported mild supraspinatus tendinosis without partial or full thickness tear. The claimant was determined to have reached maximum medical improvement with 0% whole person impairment rating as of 06/03/10. The claimant was subsequently seen on 02/20/12 with complaints of right shoulder pain. He reportedly was treated with physical therapy, medications and injections without improvement. There is no explanation for the change in physical examination findings from impairment rating evaluation on 12/05/11 with essentially full range of motion and negative provocative testing versus examination on 02/20/12 with very limited range of motion and extensive positive findings on provocative testing. Based on the clinical data provided, the proposed imaging study is not recommended as medically necessary.

**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)