

SENT VIA EMAIL OR FAX ON  
Apr/12/2012

## True Resolutions Inc.

An Independent Review Organization  
500 E. 4th St., PMB 352  
Austin, TX 78701  
Phone: (214) 717-4260  
Fax: (214) 276-1904  
Email: rm@trueresolutionsinc.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/11/2012

**IRO CASE #:**

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

MRI of the Left Knee and MRI of the Right Shoulder with contrast

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

Anesthesiology

**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

There is a total of (158) pages submitted for review. Records include administrative papers, prior non-certification determination review dated 03/05/12, prior non-certification review dated 02/29/12, MRI right shoulder dated 04/07/08, MRI left knee dated 01/21/08, MR arthrogram right shoulder dated 11/18/08, MRI left knee dated 11/19/08, MRI right knee dated 11/19/08, MRI cervical spine dated 03/18/10, EMG upper extremities dated 12/22/09, EMG upper extremities dated 08/23/11, progress note dated 10/15/08, Progress notes from 03/01/10 to 05/09/11, progress notes from 10/03/11 to 01/24/12, various notes from 10/27/03 to 09/06/11 (this contains hospital records along with c-spine MRI dated 09/09/04 and lumbar MRI dated 11/03/04), progress notes from 10/25/11 to 03/27/12, operative report – right shoulder dated 05/28/08, orthopedic consult that appears to be a designated doctor exam dated 08/25/08, orthopedic evaluation dated 11/06/08, orthopedic evaluation dated 12/22/11 and FCE dated 06/10/10.

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female reported to have sustained a work related injury on xx/xx/xx. This occurred during a fall resulting in injury to bilateral shoulders, bilateral knees. There were also complaints of neck and low back pain. Notes from Orthopedic evaluation dated 12/22/11 (2) prior right shoulder surgeries dated 05/28/08 and 05/13/09. Also, there were (2) prior left knee surgeries dated 02/28/08 and 01/14/09. It appears there has been no further MR imaging since the last surgeries. There is a patient re-evaluation dated 02/28/12 per. The claimant presents with pain in the bilateral knees and bilateral shoulders with neck pain

radiating into the upper extremities (mostly right) and low back pain radiating into the lower extremities with numbness on the left. On objective exam, the claimant is 65 in, 182 lbs. C-spine continues to be tender with hypertonicity along the cervical paraspinal muscles. Lumbar spine noted increased tenderness along the paraspinal musculature with increased hypertonicity along the latissimus dorsi. Pain was palpated along the right knee joint and there is increase pain on palpation of the right shoulder from previous surgery. Spurling's test was positive for increase pain and cervical radiculopathy in the UE's. Cervical distraction was positive for relief of pain on the right side. Shoulder depression was positive on the right side as compared to left. Straight leg raise was positive bilaterally at 65 degrees on right and 75 on left. Kemp's test was positive bilaterally, mostly on right. Sitting SLR was positive for radicular symptoms. Apley's scratch test was positive for restricted ROM in the right shoulder as compared to the left. Supraspinatus testing was positive in bilateral shoulders for weakness and pain. Anterior and posterior drawer tests in the bilateral knees were negative for laxity. Valgus /varus stress tests were negative bilaterally. There is an upper extremity EMG/NCV dated 12/22/09 that appears to be post-surgical. The interpretation states incidental finding of mild to moderate median neuropathy at the wrist (carpal tunnel syndrome) bilaterally, status post CTS release surgery.

There is a prior non-certification review dated 02/29/12 performed by. Determination reasons include ODG indicates that repeat imaging supported only if symptomatology has significantly worsened, or any red flags are noted. There is a non-certification appeal dated 03/05/12 that was performed by. Determination reasons include ODG indications not met in regards to knee as no acute trauma present, no post-surgical status and minimal physical findings. In regards to the shoulder, there is no acute trauma, no confirmed suspect tear /impingement and no significant changes in condition.

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

The request is not indicated as medically necessary based on the clinical data submitted for review. There are noted multiple operative events to the left knee and right shoulder. It appears that current complaints and findings include cervical and lumbar areas with noted radicular symptoms. With confounding multiple areas of complaint and multiple operative interventions there appears to be an overlap of symptomatology and objective findings. Comparison of current symptoms and complaints appear ongoing despite operative interventions and multiple MR imaging when compared to earlier prior serial exams.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**