

US Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Arthrogram Right Shoulder

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

Official Disability Guidelines

Utilization review determination 12/28/11

Reconsideration/appeal of adverse determination 02/17/12

Office visit notes, MD 04/14/11-01/03/12

Office notes MD 05/06/11-01/13/12

Right shoulder MRI 05/03/11

X-rays right shoulder, right wrist, right knee and right ankle 04/14/11

Physical therapy evaluation 08/11/11

History and physical 06/16/11

Operative report right shoulder examination under anesthesia, arthroscopic debridement and mini open rotator cuff repair 06/16/11

X-rays right wrist 06/22/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who fell at work landing on her right shoulder. Date of injury is xx/xx/xx. MRI of the right shoulder on 05/03/11 revealed a complete tear of the supraspinatus tendon with tendon retraction; intrasubstance tear of infraspinatus tendon with fluid tracking along the tendon; no impingement seen. On 06/16/11 the claimant underwent surgical intervention with right shoulder examination under anesthesia, glenohumeral arthroscopy, arthroscopic debridement and mini open rotator cuff repair. The claimant was seen in follow-up on 12/12/11 and noted as still having a good deal of pain five months following surgery. She can get her arm up overhead but not completely. Due to persistent symptoms and plateau of improvement MRI scan with interarticular gadolinium was recommended.

A review on 12/18/11 found that request for MRI arthrogram of the right shoulder was non-certified as medically necessary. The records do not include current subjective complaints and objective findings to support the request for arthrogram. It appeared that the claimant was improving with post-operative physical therapy in 08/11. In the presence of improvement, proceeding with advanced diagnostic imaging is not indicated. There was no indication upon examination or in the previous MRI that there is sufficient for a labral tear. Per Official Disability Guidelines MRI arthrogram is recommended as an option to detect labral tears. A reconsideration review on 02/17/12 recommended non-certification of appeal for MRI arthrogram right shoulder. It was noted that the claimant underwent right shoulder open rotator cuff repair on 06/16/11. Records contain a pre-operative right shoulder MRI report indicating the complete tear of the supraspinatus tendon with retraction of 1.4cm. The claimant had follow-up on 08/10/11. She is on physical therapy and improving. Exam shows decreased active abduction.

The claimant has had additional physical therapy ordered and has been encouraged to discontinue the use of her sling. Visit summary of 01/03/12 indicated treatment of physical therapy continued three weeks for two weeks. Diagnosis is rotator cuff rupture. There is no included physical examination in this document of a hand written note, which states "talked with Dr. and discussed patient about clicking and feeling shoulder getting stuck. It states she may have adhesions and wants to repeat MR arthrogram, will request" There are no additional medical records from treating physician outlining claimant's symptomatology or including comprehensive physical examination or reasoned medical explanation for request for MR arthrogram. The reviewer noted per Official Disability Guidelines MR arthrogram is recommended as option to detect labral tears and for suspected re-tear postoperative rotator cuff repair. In this case there is no symptomatic or objective examination evidence, which raises suspicion of postoperative tear or rotator cuff repair. There is no documentation of dramatic change in symptomatology or objective evidence of significant impairment on examination to warrant additional imaging testing.

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

The claimant fell and injured her right shoulder. She underwent mini open rotator cuff repair for full thickness tear on xx/xx/xx, followed by postoperative physical therapy. The claimant continued to complain of right shoulder pain. There were no detailed physical examination findings of the right shoulder provided that would support the need for the proposed imaging study. The reviewer finds no medical necessity at this time for MRI Arthrogram Right Shoulder. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)