

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 4, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed outpatient Right Shoulder Arthrogram and MRI (23350, 73222, 77002)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
719.41	23350		Prosp	1				00025-800-111-0325439	Upheld
719.41	73222		Prosp	1				00025-800-111-0325439	Upheld
719.41	77002		Prosp	1				00025-800-111-0325439	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI- Request for an IRO-15 pages

Respondent records- a total of 78 pages of records received from the URA to include but not limited to:

TDI letter 11.1.12-11.14.12; letter 11.16.12; request for an IRO forms; letter 10.15.12; Pre-Authorization forms 8.28.12-10.26.12; Imaging Prior Authorization form; email 10.12.12, 10.31.12; Order 9.26.12; case summary ; Pre-authorization Decision 10.16.12; MRI Rt Shoulder without contrast 11.16.11' records 2.3.12-5.21.12; Progress notes, 8.23.12-10.24.12; WC sheet; Notes 8.20.12-9.20.12

Respondent records- a total of 227 pages of records received from the to include but not limited to: letters 10.11.11-11.15.12; IRO request forms; records 2.3.12-5.21.12; Therapy Notes 12.6.11-7.13.12; 2.3.12-5.21.12; TDI letter 2.3.12; records 1.30.12-*2.1.12; note, 11.29.11-1.10.12; records 9.24.11-12.13.11; records 10.13.11-11.11.11; Patient Inquiry 10.20.11

Requestor records- a total of 117 pages of records received to include but not limited to:

Request for an IRO forms; records 2.3.12-5.21.12; Notes 1.4.12-9.27.12; progress notes 1.4.12-10.24.12; sign in sheets; note, 11.29.11-1.10.12; MRI Rt Shoulder without contrast 11.16.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The denial is upheld. After a review of the available records, including the initial MRI and the two operative notes, there is no medically necessary reason to suspect that there would be a lesion, not previously detected by MRI or two arthroscopies, which would be further accurately defined by a new MR/arthrogram. Repeat MRI studies, done postoperatively, can frequently be misleading. The most accurate diagnosis of the findings occurred at the time of the two arthroscopic procedures.

The initial request for a repeat MRI came from the case manager, with no documented clinical basis upon which to make the request, without any idea of the potential misleading hazards, leading to unnecessary surgical procedures. The patient has failed to accomplish the goals of postoperative physical therapy. The rationale for repeating an MRI is based upon the assumption that somehow something correctable was inadvertently missed after one MRI and two arthroscopic procedures.

Based upon the findings dictated in the operative notes and the MRI, there is no credible reason to presume this, especially, when it was not the operating surgeon's request, initially, to perform the MR/arthrogram. The records available for review do not provide documentation of medical necessity. There has been significant discussion in orthopaedic surgery regarding the overuse of MRI's and other scans, most recently who did MRI's on asymptomatic professional athletes and identified numerous areas of pathology that conceivably could lead surgeon's to do unnecessary surgical procedures. While this is not scientific level I or ii evidence, it is observational. Overall, in the setting of the case as documented in the available records for review, medical necessity is not demonstrated.

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 KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)