

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: January 27, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

73221 MRI any joint of upper extremity, without contrast (MRI of the left shoulder)

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

This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

08-26-03: Medical Evaluation by MD
09-30-03: Follow-up Evaluation by MD
10-08-03: MRI of the Cervical Spine without contrast performed at Medical Center and interpreted by MD
10-14-03: Follow-up Evaluation by MD
10-21-03: Neurologic Consultation by MD
11-11-03: Follow-up Evaluation by MD
12-15-03: Follow-up Evaluation by MD
02-24-04: Follow-up Evaluation by MD
03-23-04: Follow-up Evaluation by MD
05-07-04: Follow-up Evaluation by MD
05-26-04: Follow-up Evaluation by MD
09-07-04: Follow-up Evaluation by MD
12-07-04: Follow-up Evaluation by MD
03-08-05: Follow-up Evaluation by MD
06-16-05: Follow-up Evaluation by MD
10-25-05: Follow-up Evaluation by MD
01-25-06: Follow-up Evaluation by MD
07-24-06: Follow-up Evaluation by MD
01-22-07: Follow-up Evaluation by MD
08-06-07: Follow-up Evaluation by MD
02-19-08: Follow-up Evaluation by MD
09-02-08: Follow-up Evaluation by MD
03-03-09: Follow-up Evaluation by MD
09-01-09: Follow-up Evaluation by MD
03-01-10: Follow-up Evaluation by MD
08-30-10: Follow-up Evaluation by MD
02-28-11: Follow-up Evaluation by MD
08-29-11: Follow-up Evaluation by MD
10-11-11: Follow-up Evaluation by MD
10-20-11: UR performed by MD
11-15-11: UR performed by MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who injured his upper back, neck and left shoulder during an extensive xxx. From 2003-early 2011, the claimant was mainly treated for cervical symptoms. The claimant then reported left shoulder pain in August of 2011.

08-26-03: Medical Evaluation by MD. PE-There is tenderness over the left shoulder in the medial scapular border area. No tenderness directly over the cervical spine. No pain on range of motion of the cervical spine. The shoulder has negative impingement sign and negative Jobe's test. There is a negative Hawkins' sign. There is some subacromial crepitus, but there is no pain with the Hawkins' maneuver. Motion is 180 degrees of forward elevation. External rotation is to 80 degrees and internal rotation is

to T-6. Subscapularis muscle is intact on lift off test. X-rays of the left shoulder were normal. Dr. diagnosed an injury to the left shoulder that had most likely developed into a brachial plexus inflammation that was causing radicular pain down the arm. He also had some mild scapular inflammation of the posterior shoulder area. Physical therapy and anti-inflammatories were recommended.

09-30-03: Follow-up Evaluation by MD. X-rays and an MRI of the cervical spine were recommended due to the continuation of radicular symptoms of numbness and tingling down his arm into his hand.

10-21-03: Neurologic Consultation by MD. PE-I do not see any obvious sign of shoulder impingement signs. Negative Hawkins' sign. Impression: Cervical radicular syndrome, probably secondary to herniated nucleus pulposus. Recommendations: Consider Medrol Dosepak, NSAIDS, analgesics on an as needed basis, EMG/NCV, and physical therapy.

08-29-11: Follow-up Evaluation by MD. It was noted that the claimant was having posterior shoulder pain, no parascapular pain, no significant neck pain other than a little stiffness. There may have been a little limitation in the range of motion of his left arm on abduction. PE-There was a totally negative impingement sign, full range of motion left shoulder, and normal lift off. Assessment: "This has been the story of his life, flare-ups of pain here and there. Let us remember that he has an underlying rheumatological disorder that makes him prone to develop focal regional pain in his tendons, ligaments, joints, etc. At this point, I do not find anything dramatic on his examination." The claimant was started on Celebrex and Tramadol and if symptoms worsened then Dr. would proceed with x-rays and possibly a local steroid shot.

10-11-11: Follow-up Evaluation by MD. It was noted the claimant was complaining of left shoulder pain, pain on abduction and LROM. There was no obvious trauma. The claimant reported difficulty dressing and buttoning his shirts. PE-There was tenderness in his left AC and supraspinatus insertion tuberosity. No trophic changes, no bony deformities were seen. No masses were seen or palpated. LROM on abduction at about 75 degrees. Assessment: Left rotator cuff tendinopathy. Plan: MRI of the left shoulder, prescription for Hydrocodone, and possible recommendation for some physical therapy and perhaps a shot as well.

10-20-11: UR performed by MD. Reason for Denial: Claimant DOI was 2003. I realize he has impingement at this time, however, this is now 8 years post DOI. Even the exam in August of 2011 indicated normal left shoulder exam. 8/29/11-Dr. noted posterior shoulder pain. No neck pain other than stiffness. PE-totally negative impingement. FROM of left shoulder, normal lift off. He has flare up from time to time, underlying rheumatologic disorder which makes him prone to develop focal regional pain. 10/11/11-Left shoulder pain. No obvious trauma. Difficulty with dressing. PE-left AC joint and supraspinatus insertion is tender. Abduction limited to 75 degrees. I called Dr. on 10/19/11 at 2:43 pm. I spoke to. She stated the original injury was back and neck. She stated the left shoulder is compensable per adjuster. Claimant has been seeing Dr.

on and off for years every few months. There is a cervical MRI in the past but no previous MRI of the shoulder. My opinion is based upon the medical records as described above.

11-15-11: UR performed by MD. Reason for Denial: The claimant has no documentation of recent trauma and has not had diagnostic x-rays per the records provided to be reviewed. Physical examination does not document acute deficit warranting the need for an MRI at this time. The claimant has not had evidence of conservative treatment for the left shoulder, other than the cervical treatment performed to date. Due to the lack of conservative treatment options, lack of physical examination findings and the lack of plain x-rays performed to date, the current request for an MRI of the left shoulder is not clinically indicated at this time.

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

The previous adverse determinations are upheld. The claimant initially had some left shoulder issues in August and September of 2003, but the shoulder was then ruled out and all treatment and symptoms revolved around the cervical spine for the next 8 years. It wasn't until August of 2011 that left shoulder complaints resurfaced. There is no indication in this case for a MRI based on the physical findings. There is no acute shoulder trauma, no recent x-rays of the left shoulder and no attempt at conservative treatment, therefore, the request does not meet the ODG criteria.

ODG:

Indications for imaging -- Magnetic resonance imaging (MRI):

- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs
- Subacute shoulder pain, suspect instability/labral tear
- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. ([Mays, 2008](#))

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**
- 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)**