

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/29/2011

**IRO CASE NO.:**

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

Item in dispute: APPEAL MRI Left Shoulder 73221

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

Board Certified Orthopaedic Surgeon

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for expedited reconsideration letter 11/28/11
2. Fax cover sheet/pre-cert request 11/09/11
3. Patient information sheet
4. Office note Dr. 09/21/11
5. MRI left shoulder 06/21/02
6. Office note Dr. 10/14/02
7. Fax cover sheet 12/05/11
8. Notification of determination 11/14/11
9. Utilization review determination 12/05/11
10. *Official Disability Guidelines*

**PATIENT CLINICAL HISTORY (SUMMARY):**

The injured worker is a male who reportedly was injured on xx/xx/xx when he fell off of a ladder. MRI of the left shoulder performed on 06/21/02 revealed focal intrasubstance tear versus severe intratendinous degeneration involving the anterior fibers of the supraspinatus tendon, with

no full thickness tear or retracted tear present. Small glenohumeral joint effusion was noted with fluid extending down the biceps tendon sheath. There were very mild degenerative changes of the AC joint without evidence of impingement or entrapment. Office note dated 10/14/02 indicates the injured worker to be doing well. Overall injection and rehab have helped a great deal. The injured worker does not desire another injection. He will continue with a home exercise program and can continue with regular duty. The injured worker most recently was seen on 09/21/11 and reports that he has had a feeling of instability since his date of injury. For several years his shoulder really did not hurt very much. He recently has developed much more pain in the shoulder and describes a feeling of instability. Physical examination showed normal shoulder contour, normal biceps contour. There is no swelling or atrophy. There is slightly limited active elevation and some palpable popping or crepitus in the shoulder with this maneuver. External rotation is essentially fully with good strength. Internal rotation was limited slightly. Impingement signs were positive. Apprehension was somewhat equivocal. Sulcus sign was negative. plain radiographs revealed degenerative arthritis of the glenohumeral joint. Claimant was recommended to undergo MRI scan to see if there is any associated evidence of true instability, which was noted to be unusual with degenerative changes of the glenohumeral joint. Also MRI would rule out rotator cuff tendon tear.

A pre-authorization request was reviewed on 11/14/11 and MRI of the left shoulder was non-certified as medically necessary. The reviewer noted that per medical report dated 09/21/11 the injured worker complains of pain in the shoulder with feeling of instability. On physical examination he has slightly limited active elevation with some palpable popping or crepitus in the shoulder. External rotation is essentially full with good strength. Internal rotation is limited slightly. There was no documentation of progressively deteriorating functional deficit evident in the report. As such the need for the requested MRI is not substantiated.

A reconsideration/appeal request for MRI of the left shoulder was reviewed on 12/05/11, and again request was non-certified as medically necessary. The reviewer noted that on physical examination there was slight restriction of left shoulder range of motion, with no note of swelling or atrophy, with note of palpable crepitus. Sulcus sign was negative, apprehension test was equivocal, and impingement signs were positive. X-rays showed degenerative arthritis of the glenohumeral joint. Treatment has included physical therapy. However there remains no documentation of progressively deteriorating functional deficit. Therefore medical necessity of the request has not been substantiated.

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

The request for MRI of the left shoulder is not indicated as medically necessary. The injured worker sustained an injury when he fell off a ladder over 12 years ago. The injured worker underwent MRI of the left shoulder on 06/21/02. Progress report of 10/14/02 indicated he was doing very well with overall improvement from injection and rehab. The injured worker did not desire further another injection, and was to continue with home exercise program and continue with regular duty. There is no documentation of any subsequent conservative treatment or other care for the left shoulder until the injured worker was seen on 09/21/11. His examination on that date revealed some limitation on range of motion and subjective feeling of instability, but no evidence of progressively deteriorating functional deficit. As such medical necessity is not

established.

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

**1. Official Disability Guidelines**