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Notice of Independent Review Decision

DATE OF REVIEW: March 23, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MR Arthrogram Right Shoulder

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

This physician is Board Certified by American Board of Orthopedic Surgeons 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)

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:

07/29/11: X-ray, right shoulder from
08/05/11: MRI w/o contrast, right shoulder from
08/16/11: History and Physical by
08/31/11: Operative report by
09/08/11: Postop visit by
10/06/11: Followup visit by
11/04/11: Followup visit by
11/22/11: Followup visit by
12/27/11: Followup visit by
12/29/11: Initial Functional Capacity Evaluation by
01/04/12: Shoulder Injury Self-Assessment of Function and Preauthorization for Work Conditioning by
01/25/12: Office Visit by
02/07/12: Followup Visit by
02/22/12: UR performed by
02/23/12: Case Management Note by
03/06/12: Procedure Note by

03/12/12: UR performed by

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who on xx/xx/xx, injured his right shoulder at work and immediately started having trouble with overhead activities.

07/29/11: X-rays right shoulder. Impression: Normal right shoulder.

08/05/11: MRI of the right shoulder without contrast. Impression: 1. Tendinopathy throughout the supraspinatus and infraspinatus tendons. High-grade, but likely partial thickness tear of the middle third of the supraspinatus tendon distally. Tiny partial intrasubstance tear in the distal subscapularis tendon. 2. Osteoarthritis in the acromioclavicular joint and type II acromion.

08/16/11: The claimant was evaluated by. He was found to have a right rotator cuff tear and right shoulder impingement syndrome. Arthroscopic intervention including rotator cuff repair and subacromial decompression recommended.

08/31/11: Operative Report by. Postoperative diagnosis: Right shoulder impingement syndrome. Procedures: 1. Right arthroscopic subacromial decompression. 2. Arthroscopic guided placement of pain pump in the subacromial space.

09/08/11: The claimant was evaluated by. He was noted to be doing wonderfully postoperatively with the plan to begin formal therapy.

10/06/11: The claimant was evaluated by. He was released to light duty work. He was noted to have apprehensive motion right forward elevation of 170 degrees and external rotation of 45 degrees.

11/04/11: The claimant was evaluated by. He was noted to have cuff tendonitis and subacromial injection was recommended.

11/22/11: The claimant presented to where he underwent a right shoulder steroid injection by for right cuff tendonitis. On physical exam, he had positive Hawkins and Neer impingement signs with no instability and persevered cuff strength.

12/27/11: The claimant was evaluated by. On physical exam, he could forward elevate 175 degrees with only mild impingement symptoms and preserved cuff strength. No instability noted. Work conditioning program recommended.

12/29/11: The claimant underwent an Initial Functional Capacity Evaluation by. IMPRESSIONS: The patient demonstrated consistent effort during testing, which correlated with observations of maximum effort. However, some tasks were discontinued due to pain. The patient demonstrated the following functional limitations: 1. Patient's Present PDL: Light. Required Job PDL: Heavy. 2. Mildly restricted range of motion of the right shoulder in abduction and external rotation. 3. Lifting tolerance limited due to right shoulder pain in all lifts and as well with carrying, pushing, and pulling activities. Also limited due to weakness.

4. The patient demonstrated low tolerance with repetitive motion activities due to weakness and pain in the right shoulder. RECOMMENDATION: Refer the patient to a Work Conditioning Program for four hours a day, five days a week for two weeks with the goals of improving range of motion to as close as 100% as possible and increasing muscle strength in order to perform at a heavy PDL.

01/25/12: The claimant was evaluated by. He complained of pain and stiffness in the muscles of the posterior shoulder on the right as well as spasms in the muscles of the anterior chest wall on the right. He was noted to have swelling in the trapezius muscle on the right. He underwent Work Conditioning.

02/07/12: The claimant was evaluated by. The claimant stated that his symptoms were worsening and he was having trouble with overhead activity and pain. On physical exam, he was noted to have forward elevation of 150 degrees and crepitus with range of motion. He was noted to have positive drop-arm sign on the right appearing to be more from pain. MR Arthrogram was recommended to rule out internal derangement.

02/22/12: UR performed by. Determination and rationale: I was able to speak with, who reports that the notes stated a positive drop arms test which was felt to be primarily due to pain and not weakness. Bill was also concerned that the claimant had re-injured his rotator cuff. There were no recent subacromial injections done. I discussed a little more conservative therapy and we would need to see more substantial physical findings in order to certify the request. Bill said they would try a subacromial injection and follow up in a few weeks. At this time, the request is not certified.

02/23/12: noted that the MRI had been denied for as the peer review doctor wanted them to try a subacromial injection first.

03/06/12: The claimant underwent a right shoulder steroid injection performed by. On physical exam, the claimant could forward elevate about 150 degrees. Full motion gave him pain. Strength was noted at 4/5. It was noted that the claimant did not have any immediate relief following the injection.

03/12/12: UR performed by. Determination and rationale: An MR Arthrogram is not medically indicated and appropriate in this 46-year-old male who initially had done quite well following arthroscopic decompression on 8/31/11 and then later had change in subjective complaints, objective findings without any documented injury or trauma. His objective findings appear diffuse and non-anatomic. It is unlikely an MR Arthrogram would provide useful information. Consideration or input medical evaluation or discussion may necessary under the circumstances. Based on the medical records, MR Arthrogram is not medically indicated and appropriate.

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

The prior adverse decisions are upheld. An MR Arthrogram of the right shoulder is not medically indicated. According to medical records, the claimant underwent Right arthroscopic subacromial decompression. There was no mention of the rotator cuff being torn at the time of surgery and no mention of a repair being done of the rotator cuff. There was no mention of tearing of the labrum at the time of surgery. Medical records do not indicate any further injury to the shoulder. Therefore, it is very unlikely that an MR Arthrogram of the right shoulder would demonstrate findings that would significantly change his treatment. The requested MR Arthrogram is non-certified based on ODG guidelines.

ODG:

MR Arthrography

Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that an MR arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. ([Murray, 2009](#)) If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended. It is particularly helpful if the abnormal signal intensity extends from the undersurface of the tendon. ([Steinbach, 2005](#)) The main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface. ([Hodler, 1992](#)) See also [Magnetic resonance imaging](#) (MRI).

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)**