



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

Notice of Independent Review Decision-WC

**CLAIMS EVAL REVIEWER REPORT - WC**

**DATE OF REVIEW: 3-22-12**

**IRO CASE #:**

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

MRI Arthrogram right shoulder

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

American Board of Orthopaedic Surgery

**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**

- 7-13-11 MRI of the right shoulder.
- 8-10-11 MRI arthrogram of the right shoulder.
- 9-15-11 office visit.
- 10-12-11 Surgery performed by.
- 11-7-11 office visit.
- 12-6-11 office visit.
- 1-5-12 office visit.
- 1-12-12 Physical therapy reevaluation.
- 1-20-12 office visit.
- 1-31-12 UR performed by.
- 2-6-11 office visit.
- 2-7-12 UR performed by

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

7-13-11 MRI of the right shoulder shows abnormal rotator cuff laterally and anteriorly. There is linear hyperintense signal intensity in the superior one-half of the supraspinatus tendon extending from the musculotendinous junction but at its insertion, it extends over greater than 80%. This is believed to represent a rotator cuff tear. The differential diagnosis would be high grade partial tear, complete tear with no retraction and severe tendinopathy. Acromioclavicular joint arthropathy with a type II acromial process as well as enthesopathy at the CA ligament impinging on the rotator cuff outlet and narrowing it to approximately 5 mm. Small subacromial and subdeltoid bursal fluid collection

8-10-11 MRI arthrogram of the right shoulder shows undersurface and intra substance partial tear which is near full thickness involving the supraspinatus tendon. There is tendinopathy seen elsewhere within the supraspinatus and infraspinatus tendons. AC degenerative joint disease. Subacromial/subdeltoid bursitis.

9-15-11 the claimant presented with shoulder pain. It is described as aching, constant, dull and worsening. The symptom is sudden in onset. The complaint moderately limits activities, lacks active range of motion and lacks strength. The frequency of episodes is daily. Episodes occur at night. Pain is worse at night and interferes with sleep. Mechanism of injury includes lifting while at work. The symptom is exacerbated by lying

on right side, reaching, lifting and pulling. Pertinent findings include loss of range of motion, loss of strength and denies previous right shoulder injury. Subacromial injection gave only temporary relief. He had sudden onset of pain as he lifted a crate on June 15. He has been treated continuously since then with PT and medications. MRI arthrogram showed a near-full-thickness tear of the supraspinatus tendon. He is not able to work because of pain. He has not improved with 3 months of continuous treatment with physical therapy and medications. He has night pain and positive impingement tests. He had temporary relief with subacromial injection. He discussed the operative and non-operative options, and the pros and cons of each approach. He recommended operative repair of the rotator cuff tear.

10-12-11 Surgery performed by: Arthroscopic rotator cuff repair right shoulder, arthroscopic acromioplasty.

11-7-11 the claimant has not had any problems. His incisions are fully healed. The claimant was returned to work at light duty. He prescribed physical therapy.

12-6-11 the claimant is status post right rotator cuff repair. He has had no problems. Surgical incisions are fully healed. Range of motion is inconsistent. The evaluator was concerned about his motion which is inconsistent and much less than the physical therapy report indicates. He was released to light duty at his last visit but says he returned to and got to take him off work. However, he agrees to try light duty now.

1-5-12 the claimant continues to complain of pain and stiffness. Flexion is 120 degree, abduction is 110 degrees. The claimant is working with restrictions. He continues with physical therapy. Plan: the claimant is to remain with no pushing, pulling or lifting with the operative arm.

1-12-12 Physical therapy reevaluation.

1-20-12 the claimant is a male status post arthroscopic right rotator cuff repair 10-12. He continues to complain of pain and stiffness. He reported he consulted recently for a second opinion. But he did not have that report. On exam, painful abduction arc sign was not tested due to limited motion. Neers impingement sign is negative. Hawkins signs is not tested due to limited motion. Yergason test is negative. Range of motion shows abduction to 110 degrees and flexion to 120 degrees. Diagnosis: Sprain rotator cuff. Recommendations: the evaluator noted he was not able to account for his complaints at this time. The tear was small. It is unlikely that it failed to heal, and even if it did, it would not account for his complaints or range of motion. In fact, physical therapy notes near normal AROM, in contrast to the range of motion he demonstrated in the office. The evaluator recommended an MRI arthrogram.

1-31-12 UR performed by notes the evaluator not recommend approval for the requested MRI Arthrogram of the right shoulder, a repeat, for this 42 y/o male, who stated he was lifting a crate and felt right shoulder pain on 6/15/11, who had a MRI arthrogram on 6/10/11, followed by a right arthroscopic rotator cuff repair on 10/12/11,

followed by PT, medications, etc then returned to light duty, now with mentions of limitation of motion and pain, for the following reasons: 1) The patient is stated to have pain with range of motion, 2) The full range of motion was not tested due to pain, yet 3) The doctor in his note states the patient had a small tear, 4) There has been a second opinion that is not available, 5) The PT unit is stated as saying the patient has full range of motion, in great contrast to the physician's findings (which he acknowledges), 6) This would not be consistent with ODG, 2011, Shoulder, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic) updated 12/23/11) MR arthrogram: 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 a MR arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRI, a labial tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology, (Murray, 2009), but also...MRI, ...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 that - 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)", and 7) There is no information from the provider to justify the procedure. He called the doctor's office and spoke with at the at 11:50 AM CST on 1/27/12. The doctor was not available. He left his phone number after explaining the reason for the call as well as the due date and the review. 1/30/12 6:46 PM CST. No call back received. An opinion is rendered due to regulatory time limits and on the basis of the available information.

2-6-11 the claimant had a right shoulder injury on xx/xx/xx. Had rotator cuff repair in October 2011. The claimant states his shoulder is not getting much better despite having physical therapy. On exam, AROM 0-110 degrees, PROM 0-120 degrees. The claimant is tenderness at the subacromial rea. The claimant has positive deltoid atrophy, 3/5 rotator cuff strength. Impression: Right shoulder derangement. Plan: MRI arthrogram to rule out new derangement.

2-7-12 UR performed by notes Official Disability Guidelines Shoulder Chapter recommends MRI arthrogram as an option to detect labral tears and for suspected re-tear postop rotator cuff repair in the claimant's case, particularly with respect to the physical therapy evaluation. There is no clinical indication of a re-tear of the rotator of repair, which was described in the operative note as small full thickness, primarily partial thickness. There was no indication in the operative note of any complicating factors with respect to the repair and the description of the repair appeared quite satisfactory. There has been no documented postoperative injury to the shoulder. There is no physical examination evidence of a postoperative complication or any convincing evidence of a rotator cuff re-tear. Taking the aforementioned factors of the claimant's case into consideration along with Official Disability Guideline recommendations, the request on appeal for an MRI arthrogram right shoulder cannot be considered medically necessary.

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

Review of the medical records reveals a rotator cuff injury with surgical repair on 10/12/11. Claimant reports ongoing pain with some restricted motion but no localizing findings.

Arthrograms of the shoulder are helpful if there is concern for conditions of the labrum or articular surfaces. With an absence of objective findings, an MRI arthrogram of the right shoulder would not be reasonable or medically necessary.

**ODG-TWC, last update 2-14-12 Occupational Disorders of the Shoulder – MRI arthrogram:** 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 a 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)**