

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Shoulder MRI without Contrast

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

Board Certified Orthopedic 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 medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents

Psychology progress notes dated 05/01/03-09/27/05

Pain management visits 08/07/03-08/02/06

History, physical examination and review of extensive medical records dated 11/03/03, 11/14/05, and 03/21/07

Outpatient Clinical Assessment and progress reports 03/16/04 to discharge 05/07/04

RS Medical rental / purchase agreement 04/26/04

Emergency medical record dated 04/22/05

Radiographic report cervical spine 5 views 04/22/05

Outpatient follow-up dated 09/05/06-02/28/07

Emergency department medical record 12/10/06

Peer review report 03/04/07

Follow-up 08/22/07-09/24/12

Letter of medical necessity dated 10/17/07

Updated peer review report dated 11/25/07

Admission record and medical records 02/23/08

Psychiatric evaluation dated 02/07/08

Operative report dated 12/01/09

Follow-up reports dated 03/24/10-04/04/12

MRI cervical spine without and with contrast dated 04/26/12

New prescription fax form

Utilization review determination dated 09/28/12

Utilization review determination dated 10/16/12
Carrier submission dated 10/23/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female whose date of injury is xx/xx/xx. Records indicate she was reaching down to pull a box over and then elevated her head. She felt a pop and developed pain and tightness in the right side of her neck. She underwent anterior interbody fusion at C5-6 on 05/08/00. Second surgery was performed on 01/11/01 with anterior with ACDF C6-7. Claimant attended physical therapy following each surgery but continued with pain associated with headaches as well. Records indicate she received trigger point injections, epidural steroid injections and oral medications. Claimant also participated in a multidisciplinary pain management program. She also received individual psychotherapy for a number of months. On 12/01/09 claimant underwent revision surgery for pseudoarthrosis at C6-7. Claimant was seen in follow up on 04/04/12 having last been seen in 09/11. The claimant reports worsening symptoms. She complains of radiating pain primarily in the right upper extremity with fairly severe tingling and pain in the right shoulder which radiates all the way down to the hand. She has some symptoms of the left upper extremity but not as severe. Repeat MRI of the cervical spine was performed on 04/26/12 which revealed C4-5 mild diffuse disc bulge with no spinal canal or foraminal stenosis. At C5-6 and C6-7 there are prior anterior cervical fusions present with no spinal canal or foraminal narrowing. On 09/24/12 the claimant was seen with chief complaint of neck pain and arm pain. It was noted that the claimant had been recommended to consult regarding anti-inflammatory and for evaluation of right shoulder, but the claimant did not do either of these things. She states she is still having right shoulder and trap pain. She has limited range of motion. On examination the claimant is noted to be 65 inches tall and 230 pounds. Examination of the right shoulder reported range of motion flexion 60 degrees of normal, extension 30 degrees of normal, internal rotation 30 degrees of normal, external rotation 60 degrees of normal. Empty can test was negative.

A request for right shoulder MRI without contrast was reviewed on 09/28/12, and the request was non-certified. It was noted that most recent physical examination did not provide any data to suggest RTC pathology. There's no indication that plain radiographs or a recent course of therapy have been performed. As such, the request is not supported as medically necessary.

An appeal request for right shoulder MRI without contrast was reviewed on 10/16/12, and the request was non-certified. It was noted the claimant has or the claimant is status post ACDF at C5-6 and C6-7. She's noted to have a history of chronic cervical and right shoulder pain. Previous denial was due to lack of physical examination findings to suggest rotator cuff pathology, no indication of plain radiographs had been obtained, and a recent course of therapy had been performed. The clinical information submitted for review with the appeal request does not include physical examination findings suggestive of rotator cuff pathology. There were no recent right shoulder plain x-rays submitted for review, and there has not been any documentation of any recent conservative care directed to the right shoulder.

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

The clinical data provided does not support a determination of medical necessity for right shoulder MRI without contrast. The claimant was noted to have sustained an injury on 04/24/00. She's undergone multiple surgical procedures including ACDF C5-6 and C6-7, with subsequent revision surgery due to pseudoarthrosis at C6-7. She participated in multidisciplinary chronic pain management program as well as individual psychotherapy. She also received multiple injections and participated in post-operative therapy after each surgery. She has complaints of chronic neck pain and right shoulder pain. As noted on previous reviews, there are no physical examination findings suggestive of rotator cuff pathology. No plain radiographs of the right shoulder were documented. There was no indication that the claimant had a recent course of therapy directed to the right shoulder. Official Disability Guidelines note that indications for imaging of the shoulder including MRI include acute

shoulder trauma, suspect rotator cuff tear/impingement, over age 40, normal plain radiographs or subacute shoulder pain, and suspect instability/labral tear. Based on the clinical information provided, the proposed MRI of the right shoulder is not indicated as medically necessary, and previous denials are upheld.

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

ACOEM-AMERICA 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)