

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/13/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Shoulder MRI Arthrogram

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

Board Certified General Surgery

Fellowship: Orthopedic Hand and Upper Extremity 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

Clinical notes dated 04/26/12 – 06/21/13

MRI of the right shoulder dated 05/02/12

MRI of the left shoulder dated 06/01/12

MRI of the right elbow dated 06/20/12

MRI of the right wrist dated 06/20/12

Operative report dated 07/03/12

Previous utilization reviews dated 06/05/13 & 07/03/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury regarding both shoulders, the right elbow, hip, knee, and low back. The clinical note dated 04/26/13 details the patient stating that she fell and landed on her right side. The patient initially presented to the emergency room where numerous imaging studies were completed. The MRI of the left shoulder dated 06/01/12 revealed mild spurring and edema along the acromioclavicular joint. Mild subacromial and subdeltoid bursitis was noted. Supraspinatus tendinopathy without a rotator cuff tear was noted. The clinical note dated 06/18/12 details the patient continuing with bilateral shoulder pain. The note does detail the patient undergoing physical therapy with no significant benefit. The clinical note dated 09/10/12 details the patient no longer undergoing physical therapy. The patient was noted to continue with multiple areas of pain. The clinical note dated 04/30/13 details the patient continuing with left shoulder pain. The note details the patient

undergoing an injection at the left shoulder at that time. The clinical note dated 05/24/13 details the patient continuing with left shoulder pain.

The previous utilization review dated 06/05/13 for an MRI arthrogram of the left shoulder resulted in a denial as no significant changes were noted in the patient's clinical presentation regarding the previous imaging studies of the left shoulder.

The utilization review dated 07/03/13 for a left shoulder MRI arthrogram resulted in a denial secondary to a lack of significant objective findings indicating changes involving the patient's symptomology.

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

The documentation submitted for review elaborates the patient complaining of left shoulder pain. The documentation further details the patient having previously undergone an MRI of the left shoulder. The Official Disability Guidelines recommend repeat imaging studies of the shoulder provided the patient meets specific criteria to include significant changes involving either the pathology or the symptomology. No information was submitted regarding the patient's significant changes involving either pathology or symptomology. Given that no information was submitted regarding the patient's progressive symptomology or pathology, this request does not meet guideline recommendations. As such, it is the opinion of this reviewer that the requested MRI arthrogram of the left shoulder is recommended as not medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES