P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 405-0878
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Feb/19/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Repeat MRI of Left Shoulder without contrast

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

REVIEW OUTCOME:

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

[X] 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
MRI cervical spine dated 11/19/11
MRI left shoulder dated 11/19/11
Electrodiagnostic studies of the upper extremities dated 09/11/12
MRI arthrogram left shoulder dated 12/15/12
Clinical notes dated 12/18/12 and 01/16/13
Previous utilization reviews dated 01/11/13 and 01/16/13

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who reported an injury regarding her left shoulder. The MRI of the left shoulder dated xx/xx/xx revealed a significant amount of fluid present in the subdeltoid and subacromial bursa. The rotator cuff was noted to have no significant tear evident. A deformity of the musculotendinous junction of the supraspinatus was noted at the acromioclavicular joint with mild impingement suggested in the region. Mild tendinopathy was noted at the distal supraspinatus tendon. The infraspinatus, the teres minor, and the

subscapularis tendons were noted to be intact. The long head of the biceps tendon was noted to be located normally within the bicipital groove. The glenoid labrum structure was noted to be intact. The biceps labral complex in the long head of the biceps tendon was noted to be located normally within the bicipital groove. Edema was noted within the marrow of the distal clavicle and the acromion. The electrodiagnostic studies of the upper extremities dated 09/11/12 revealed no evidence of radiculopathy. No evidence of a left median nerve entrapment was noted. The MR arthrogram of the left shoulder dated 12/15/12 revealed mild supraspinatus tendinopathy. Per clinical note dated 12/18/12, the patient complained of ongoing left shoulder pain. The patient also had complaints of weakness, instability, and crepitation. The note details the patient having previously undergone an injection at the AC joint resulting in transient improvement. The note stated that a repeat MRI or MR arthrogram would not likely add new information. Per the note, the patient stated that the initial injury occurred in xx/xx when she was involved in a motor vehicle accident. The patient was recommended for surgical intervention at that time. The clinical note dated 01/16/13 details the patient demonstrating 85 degrees of right shoulder flexion, 85 degrees of abduction, and approximately 60 degrees of external rotation. The patient was noted to have positive findings of instability as well as possible subluxation. Tenderness was noted over the rotator cuff.

The previous utilization review dated 01/11/13 for a repeat MRI of the left shoulder resulted in a denial secondary to a lack of significant findings revealed on the previous MRI.

The previous utilization review dated 01/16/13 for repeat MRI of the left shoulder resulted in a denial secondary to a lack of significant changes in the patient's symptoms.

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 ongoing left shoulder pain. The Official Disability Guidelines recommend a repeat MRI of the shoulder provided the patient meets specific criteria to include significant changes involving either pathology or symptomology. There is a lack of information regarding the patient's significant changes involving pathology or symptomology at the left shoulder. Given this lack of information, this request does not meet guideline recommendations. Therefore, it is the opinion of this reviewer that the request for a repeat MRI of the left shoulder without contrast is not recommended as medically necessary.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES