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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/11/2013
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: outpatient MRI left shoulder without contrast

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O. Board Certified PM&R and Board Certified Pain Medicine

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. It is the opinion of this reviewer that medical necessity of the request for outpatient MRI left shoulder without contrast is not established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Notice of utilization review findings dated 12/07/12
Notice of utilization review findings dated 01/03/13
Pre-authorization request dated 12/04/12
Office visit notes MD dated 08/02/12 – 12/20/12
Office notes MD dated 01/12/09 – 08/21/12
Office notes MD dated 03/12/09 and 07/12/12
Pre-authorization appeal request dated 12/27/12
Notice of employee's work-related injury/illness dated xx/xx/xx
Functional capacity evaluations dated 07/08/05 and 01/26/07
MRI left shoulder dated 07/23/05
Operative report, left shoulder subacromial decompression dated 12/07/05
Office notes, DO dated 02/15/11, 10/13/11, and 01/29/13
Report of medical evaluation, MD dated 04/12/06
Independent medical evaluation MD dated 01/25/07
IME supplements dated 02/15/07 and 04/09/07
Report of medical evaluation, MD dated 05/24/07

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a female who was injured on xx/xx/xx . Records indicate that she injured her left shoulder, left hip, and low back when catching herself from falling from a ladder. The claimant is status post left shoulder arthroscopic subacromial decompression performed on 12/07/05. Records indicate that the claimant also underwent low back surgery in 2006.

A request for MRI of the left shoulder without contrast was denied per utilization review dated 12/07/12. It was noted that the last office visit on 12/03/12 indicated a chronic left shoulder problem. Physical examination revealed the claimant to be 5'5" tall and 164 lbs. She had tenderness in multiple areas including the knees, the elbows, the trochanteric bursas, and other areas of the axial spine consistent with fibromyalgia. She had stiffness in the low back and would not abduct her left shoulder more than 90 degrees. X-rays were not done. Noting that the only shoulder finding was that the claimant would not abduct her shoulder over 90 degrees, there was not sufficient documentation or rationale for an outpatient MRI of the left shoulder without contrast. Therefore, the request was not approved.

An appeal request for MRI of the left shoulder was denied per utilization review dated 01/03/13 noting that the previous request for left shoulder MRI was denied as the only shoulder findings was an inability to abduct the shoulder over 90 degrees. Official Disability Guidelines state that a repeat MRI is indicated when there is a significant change in symptoms. No additional information was provided to support the request and it remained non-authorized.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The claimant is noted to have sustained an injury when she was working at a xx and caught herself when she fell from a ladder. She sustained multiple injuries including the left shoulder. She is status post left shoulder arthroscopic subacromial decompression performed on 12/07/05. Per office note dated 12/03/12, the claimant has tenderness in multiple areas including the knees, elbows, trochanteric bursas, and other areas of the axial spine consistent with fibromyalgia. She was noted to have quite a bit of stiffness in the low back and would not abduct her left shoulder more than 90 degrees. Follow-up examination 12/20/12 again reported the claimant demonstrating only 90 degrees of abduction in the left shoulder. The claimant could only improve this by a few degrees when lifting it up with her other arm. Strength was decreased in the left shoulder. Per Official Disability Guidelines, a repeat MRI is not routinely recommended and should be reserved for significant changes in symptoms and/or findings suggestive of significant neural compromise. There is no documentation that the claimant has tried and failed a recent course of conservative care. No full and complete physical examination report concerning the left shoulder was provided, with the notes documenting only that the claimant would not abduct her left shoulder more than 90 degrees. Based on the clinical data provided, it is the opinion of this reviewer that medical necessity of the request for outpatient MRI left shoulder without contrast is not established and the prior 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)