

Notice of Independent Review Decision

**January 7, 2013**

**IRO CASE #:**

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

MR Arthrogram RT Shoulder

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. The physician is certified in pain management. The physician is a member of the Texas Medical Board. The physician has a private practice of Physical Medicine & Rehabilitation, Electro Diagnostic Medicine & Pain Management in Texas. The physician has published in medical journals. The physician is a member of his state and national medical societies.

**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 of the health care services in dispute.

*The reviewer finds that the previous adverse determination should be upheld.*

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Records Received: 1 document received totaling 16 pages via fax 12/18/12 Texas Department of Insurance IRO request and Letter of authorization, 1 documents totaling 35 pages received via fax 12/24/12 URA response to disputed services including administrative and medical records. Dates of documents range from 07/20/12 to 12/18/12.

# The DYLL REVIEW

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25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-4443

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- URA Non Certification Notice
- URA Non Certification Upon Reconsideration Request
- Medical Records
- 7/20/2012. Operative Report
  - EUA
  - Diagnostic right shoulder arthroscopy
  - Arthroscopic subacromial decompression
  - Complex rotator cuff repair
  - Repair of subscapularis tendon
  - Extensive debridement
  - Limited synovectomy
- 7/26/2012. Doing well post op.
- 7/31/2012. Doing well post op.
- 8/9/2012. Fall in yard post surgery
- 10/15/2012. Still having shoulder pain s/p surgical fall onto shoulder
- Select Physical Therapy Notes
- Discharge Summary. 10/5/2012. Discharge secondary to client non-compliance: Attendance. Discharge to independent home exercise program

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

Limited patient historical information indicates he fell onto the flat bed of the truck he was on with resulting right shoulder pain. Identified with a torn rotator cuff. Underwent arthroscopic surgery 7/20/2012. Satisfactory post op course of medical follow-up with surgeon. Participation in physical therapy program was judged to be non-compliant and was discharged to HEP.

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

Medical purpose of post surgical MRI Arthrogram would be to determine the necessity of additional surgery. Patient has been noted to have been non-compliant with post surgical physical therapy and discharged to HEP. Additional diagnostics to evaluate for additional surgery would not be medically reasonable based on current non-compliant status.

### ODG

Arthrography	Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. ( <a href="#">Banchard, 1999</a> ) Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. ( <a href="#">Oh, 1999</a> ) ( <a href="#">Magee, 2004</a> )
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 labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. ( <a href="#">Murray, 2009</a> ) 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. ( <a href="#">Steinbach, 2005</a> ) The main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface. ( <a href="#">Hodler, 1992</a> ) It may be prudent to include an anesthetic in the solution in preparation for shoulder MR arthrography. ( <a href="#">Fox, 2012</a> ) See also <a href="#">Magnetic resonance imaging</a> (MRI).

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## 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)