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Notice of Independent Review Decision

DATE: October 9, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI/Arthrogram of the Left Shoulder

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

The reviewer is certified by the American Board of Orthopaedic Surgeons with over 42 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

08/27/07, 08/10/09, 08/09/10 04/06/11, 08/08/11, 03/29/12: Archived WC
Progress notes
09/27/12: Office Visit New Patient
10/22/12: Arthrogram/MRI Shoulder Right with Contrast report
11/29/12: Followup Office Visit
01/24/13 02/14/13, 03/21/13, 04/18/13, 05/16/13, 07/01/13: Followup Office Visit
07/12/13: Precertification Request
07/17/13: UR performed
08/07/13, 08/12/13, 08/13/13: Second Appeal Correspondence
08/13/13: UR performed
08/13/13: Precertification Request
Patient Information Sheet

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who injured her shoulders while working on xx/xx/xx. She is status post left shoulder surgery in the 1990s and right shoulder rotator cuff repair in 1997.

09/27/12: The claimant was evaluated for bilateral shoulder pain, right worse than left. She complained that her shoulder hurt at night. She noticed a lump under her right arm and axilla. On exam, she had a healed scar present in the bilateral shoulders. She had pain in the right shoulder with forward flexion and internal rotation. Some weakness to external rotation resisted right shoulder. No signs of infection or drainage. Positive impingement sign right shoulder. felt that she had a probable recurrent tear of the right rotator cuff, probable impingement right shoulder. She was to obtain a right shoulder MRI and return in 6-8 weeks.

10/22/12: Arthrogram/MRI Right Shoulder report. IMPRESSION: Complete tear and disruption of the supraspinatus tendon portion of the rotator cuff with retraction of the muscle noted. Degenerative subchondral cyst formation and osteophytes of the greater tuberosity. Osteophytes are also noted along the inferior glenohumeral articulation. Previous acromioplasty which may have been to relieve impingement w=upon the supraspinatus tendon.

11/29/12: The claimant was for complaints of bilateral shoulder pain. On exam, both shoulders showed pain with forward flexion and internal rotation. She had marked weakness to external rotation and resisted on the right and some weakness to resisted external rotation on the left. X-rays of the shoulders in the office showed absence of the distal clavicle of both shoulders with two metal anchors in the left proximal humerus, no anchors present right shoulder. Minimal glenohumeral joint arthritis seen on the right. The plan was to undergo right rotator cuff repair.

02/14/13: The claimant was evaluated status post right shoulder recurrent rotator cuff repair two weeks prior. Her wounds were healed nicely. She was to return in 4-5 weeks.

04/18/13: The claimant was reevaluated status post right rotator cuff repair as well as left shoulder pain. On exam, her right shoulder showed actively forward flexion of 100 degrees, abduction of 100 degrees, and external rotation 50 degrees. She had excellent strength to resisted external and internal rotation. No mention of the left shoulder on exam. She was to participate in physical therapy and return to light duty work with no lifting of more than four pounds.

05/16/13: The claimant was reevaluated. It was noted that she received only one therapy session out of the last four weeks due to "diplomatic misunderstanding with her physical therapy with Worker's Compensation." She had 11 more sessions scheduled. On exam, her right shoulder showed well-healed scar from previous shoulder rotator cuff repair. She had full active flexion and full active abduction of 180 degrees each of the right shoulder. No mention was made of left shoulder exam. She was to finish therapy.

07/01/13: The claimant was evaluated for increasing symptoms of pain and discomfort within the last few weeks, especially with night pain, in the left shoulder. On exam, her left shoulder was tender over the anterior acromion with

pain reproduced with forward flexion and internal rotation. planned to obtain an MRI with intra-articular gadolinium of her left shoulder. No prescriptions were given for pain.

07/17/13: UR performed. CONCLUSION: Recommend adverse determination. Medical necessity for left shoulder MR arthrogram is not established. There are no serial medical records or a past medical history submitted for review. The patient is apparently being seen for postop right shoulder care. There is no explanation provided why a left shoulder workup is being pursued under a xx+ year old workers' compensation claim. Absent interval medical records and documentation of past left shoulder medical and surgical care, the requested left shoulder imaging is not supported. Recommend non-certification.

08/13/13: UR performed. CONCLUSION: There is lack of documentation of objective physical examination findings suggesting pathology that would require additional assessment with MR arthrogram. There is a lack of documentation suggesting that recent x-rays have been obtained and evaluated, which are considered first line diagnostic study of choice which could help identify pathology that may be causing symptoms. There is a lack of documentation of any conservative treatment has been utilized in an effort to decrease symptoms. Furthermore without further documentation or a peer to peer, review based on the documentation presented for review, the ODG do not support the request for diagnostic study as medically necessary. Peer to peer was not successful.

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

The previous adverse decisions are upheld. The documentation submitted for review does not demonstrate acute shoulder trauma on the left or subacute shoulder pain as recommended by Official Disability Guidelines. There was no documentation submitted suggesting that the claimant has tried conservative treatment. Therefore, there request for MRI/Arthrogram of the Left Shoulder is not medically necessary.

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. (Banchard, 1999) 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. (Oh, 1999) (Magee, 2004)
Magnetic resonance imaging (MRI)	Indications for imaging -- Magnetic resonance imaging (MRI): - Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs - Subacute shoulder pain, suspect instability/labral tear - Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)
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. ([Murray, 2009](#)) 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. ([Steinbach, 2005](#)) The main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface. ([Hodler, 1992](#)) It may be prudent to include an anesthetic in the solution in preparation for shoulder MR arthrography. ([Fox, 2012](#)) See also [Magnetic resonance imaging](#) (MRI).

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)**