

ReviewTex. Inc.
1818 Mountjoy Drive
San Antonio, TX 78232
(phone) 210-598-9381 (fax) 210-598-9382
reviewtex@hotmail.com

Notice of Independent Review Decision

Date notice sent to all parties:

November 18, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI 73221

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

X 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a female with complaints of shoulder pain. On 01/17/06, she was seen in clinic and stated she injured her right shoulder on xx/xx/xx. She was seen by another provider and x-rays were obtained. She was placed on Naprosyn. An MRI subsequently demonstrated a full thickness rotator cuff tear. Physical examination found the patient to have a positive Neer and a positive Hawkins' and the MRI was reviewed showing a full thickness tear of the supraspinatus with 2 sonometers of retraction and mild atrophy. On 02/09/06, this patient returned to clinic and was status post right shoulder arthroscopy with subacromial decompression and rotator cuff repair as well as a biceps tenodesis performed on 02/01/06 and it was reported she was doing well and her pain was improving. On

03/21/06, this patient returned to clinic and she stated she fell the week prior to the exam but was doing reasonably well. It was noted her pain was improving since her fall. She had a negative Neer and a negative Hawkins' and she had 180 degrees of forward elevation without any pain. On 05/02/06, this patient returned to clinic and had a lump in her arm thought to be consistent with a biceps rupture. It was noted functionally it should be insignificant. On 01/25/07, this patient returned to clinic and she had excellent range of motion and had nearly symmetrical range of motion with the contralateral side. She did have some discomfort and had popping and cracking. She had weakness on the right side compared to the contralateral side. On 02/22/07, an ultrasound was performed demonstrating the biceps could be seen, and it was noted it was tenodesed, or at least it had a shadow appearance of tenodesis. The subscapularis was intact. The supraspinatus appeared to be disrupted and moved independently from the greater tuberosity with longitudinal sections of the arm in internal rotation. The infraspinatus appeared to be intact. An MR arthrogram was recommended to assess the rotator cuff repair. On 03/11/07, this patient returned to clinic and it was reported she had an MR arthrogram which confirmed that she had a massive rotator cuff tear. On 12/09/08, an ultrasound was performed demonstrating a full thickness tear of the supraspinatus and it appeared to be retracted and absent. On 08/02/11, x-rays of the right shoulder demonstrated 3 anchors were in place and were in good position, and there was preservation of the glenohumeral space and narrowed acromial humeral distance. There was no change from previous exam. There was a type III acromion. On 09/09/14, this patient returned to clinic and had been prescribed physical therapy, Tylenol with Codeine, Mobic, and Norco and had also used ice and Motrin with better results. Physical therapy had helped her shoulder when it was manipulated but she had pain that was lateral and also in the shoulder blade itself. Motor strength was 4/5 for the supraspinatus and infraspinatus. She had 170 degrees of forward flexion. An MRI was to be scheduled of the shoulder.

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

An MRI of the shoulder, per Official Disability Guidelines, may be performed for acute shoulder trauma with suspicion of a rotator cuff tear, or impingement if the patient is over age 40 and normal plain x-rays have been demonstrated. If there is subacute shoulder pain and suspicion of instability such as a labral tear, an MRI may be recommended. A repeat MRI is not routinely recommended per Official Disability Guidelines, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The records submitted for review indicate this patient had undergone a rotator cuff repair of the right shoulder, and had fallen subsequently but the provider indicated that an ultrasound revealed that the biceps was in its groove and appeared to be intact. Subsequent ultrasounds performed later, in 2006 and 2007, apparently indicated that there was retraction of the supraspinatus. It has also been documented by x-ray of a type 3 acromion, consistent with degenerative changes at the shoulder and predisposing this patient to pathology to the rotator cuff. However, the pathology and anatomy of the shoulder has been demonstrated by the plain x-rays and by ultrasound as per

the provider. Most recently there does not appear to be a significant change in symptoms or findings suggestive of significant pathology for this patient to indicate a rationale for the MRI. The anatomy and pathology has been identified previously and there has been no significant change. The recommendation would be for upholding the previous determinations.

IRO REVIEWER REPORT TEMPLATE -WC

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

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

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)