

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Apr/07/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** repeat MRI of the right shoulder

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Orthopedic Surgery

**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 this reviewers opinion a repeat MRI of the right shoulder is indicated

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury to his right shoulder when he slipped with the arm abducted and externally rotated with sudden loading of the shoulder with his body weight. The clinical note dated xx/xx/xx indicates the patient having sustained presumably an anterior dislocation. The patient presented to the emergency room for an evaluation and reduction. The patient was able to demonstrate 90 degrees of abduction and 110 degrees of flexion. X-rays revealed a type 3 acromion with very mild joint disease of the glenohumeral joint. The clinical note dated 02/01/13 indicates the patient continuing with complaints of painful and limited active range of motion. The patient was able to demonstrate good strength with external rotation and abduction. However, pain and weakness was identified with the empty can test. The patient also complained of pain with forward flexion against resistance. The clinical note dated 03/11/13 indicates the patient having previously undergone a rotator cuff repair along with a subacromial decompression. The patient presented for the 1st postoperative visit. The staples were removed and steri strips were applied at that time. The patient was provided with education in order to promote healing. The clinical note dated 04/08/13 indicates the patient had been utilizing an immobilizer at the affected shoulder. The immobilizer was then discontinued. The patient was instructed on a passive range of motion program. The clinical note dated 06/07/13 indicates the patient complaining of a popping at the shoulder. The note indicates the patient having undergone physical therapy as well as undergoing a home exercise program.

The MRI of the right shoulder dated 07/18/13 revealed a large recurrent rotator cuff tear with retraction and atrophy. The clinical note dated 08/12/13 indicates the patient able to demonstrate flexion of 90 degrees. Tenderness was elicited with palpation over the acromioclavicular joint. The clinical note dated 08/21/13 indicates the patient having undergone an acromioclavicular injection which did provide 30-40% relief of pain. The

clinical note dated 09/27/13 indicates the patient having undergone an arthroscopic exam of the right shoulder. Upon exam, the portal sites were well-healed with no evidence of infection. However, a pustular area with drainage from an approximately 2mm hole was identified. Erythema and induration was also discovered. The patient had complaints of tenderness upon palpation of the affected area. The clinical note dated 11/04/13 indicates the patient undergoing a massive rotator cuff repair. The clinical note dated 12/04/13 indicates the patient having no crepitus with passive range of motion. Pain was elicited with passive external rotation. The patient rated his ongoing pain as 5/10. The clinical note dated 12/11/13 indicates the patient continuing with right shoulder pain. The pain was located at the superior aspect of the shoulder.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation indicates the patient complaining of right shoulder pain despite a previous surgical intervention. The patient has undergone a revision surgery at the shoulder as well. However, the patient continues with range of motion deficits as well as continued complaints of severe levels of pain. Given the ongoing functional deficits associated with the right shoulder along with the ongoing pain, it is this reviewers opinion a repeat MRI of the right shoulder is indicated in order to fully assess the patient's clinical status and provide a pathway to recovery.

**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)