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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 4, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of a repeat MRI left shoulder (73221)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic Medicine and Orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

- XX Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

By review of the records, there is a note dated in which it was noted that the patient complained of left shoulder pain with history of having undergone 2 rotator cuff repairs to the left shoulder with the second repair having been done in 2009. The patient had increased pain in his left shoulder and left arm which is described as constant. The patient had limited range of motion of the shoulder of approximately 90° of active forward flexion and 85° of active abduction. He has pain and weakness with external rotation against resistance and with forward flexion against resistance. He has a positive empty can sign. He was noted to be tender to palpation at the A.C. joint. The patient also had neurological symptoms. Impression is left shoulder pain with a history of failed rotator cuff repair.

There is a request for repeat MRI scan of the left shoulder to evaluate articular cartilage of the glenohumeral joint as well as the status of the muscles of the rotator cuff. It is felt that the patient's pain is secondary to previous workers compensation injury and that his pain may be secondary to arthritic changes due to his history of failed rotator cuff repairs. Diagnostic studies including x-rays were consistent with superior migration of the humeral head. On 7/6/11, the patient was seen and it was noted that the patient had had an MRI scan of the left shoulder and there was demonstrated evidence of a tear of the supraspinatus as well as to the infraspinatus. There was thought to be no retraction however. An x-ray dated 3/17/14 was interpreted as views of the left shoulder demonstrate a type I acromion. He does have superior migration of the humeral head. No evidence of fracture. The MRI dated 7/6/11 was interpreted as evidence of previous surgery with superior migration of the humerus on the glenoid, marked thinning of the supraspinatus as well as infraspinatus tendons and full-thickness tears demonstrated through the supraspinatus and infraspinatus tendons without retraction. Moderate atrophy was noted. 2. Small joint effusion with fluid in the subacromial space could reflect fluid leaking through the supraspinatus as well as infraspinatus tendons or subacromial bursitis. 3. Glenoid labrum might be better evaluated by intra-articular gadolinium. The labrum does appear to have relatively diffuse chronic arthritic degenerative pattern.

On 11/21/11, the patient was seen in follow-up of his left shoulder with complaints of pain. He had a previous epidural steroid injection of the cervical spine which offered some relief to the trapezial distribution of his pain, however, the patient continued to have paresthesias radiating down to his arm. It was noted the patient had significantly decreased range of motion with abduction at 90° and profound weakness of abduction and external rotation against resistance to the component testing of the rotator cuff on the left.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Based upon these notations and findings it does appear that the patient does have tears involving the supra-humeral cuff. It is unclear how a repeat MRI could enhance the diagnosis, given the findings of the physical examination as well as the MRI in 2011, 2 years after the second rotator cuff repair surgery. "Significant" arthritic pathology can generally be determined by plain x-rays. From a review of the notes, there appeared to be sufficient pathology to explain the pain associated with the patient's symptoms, as they relate to the shoulder, thus, it does not appear that the request for repeat MRI meets ODG.

ODG

Indications for imaging -- Magnetic resonance imaging (MRI):

- Acute shoulder trauma, suspect rotator cuff tear/impingement; 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](#))

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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)