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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/15/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Open MRI of the left shoulder without contrast

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)

Patient Clinical History (Summary)

The patient is a female who reported an injury to her left shoulder. The clinical note dated 02/24/15 indicates the patient having complaints of bilateral shoulder pain. The patient reported the pain was worsened with overhead activities. The note indicates the patient able to demonstrate full range of motion throughout both shoulders at that time. There is an indication the patient had previously undergone x-rays of the shoulders which revealed essentially normal findings. There is an indication the patient is utilizing Tramadol for pain relief. The patient stated the initial injury occurred on 01/13/14 when her left heel turned inward while exiting a restroom resulting in a fall onto an outstretched arm. The patient has been recommended for an MRI of the left 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 bilateral shoulder pain. An MRI is indicated at the shoulder provided the patient meets specific criteria to include normal findings are identified on plain radiographs and the patient has provocative findings indicating a possible rotator cuff tear or signs of impingement. No information was submitted regarding any provocative testing regarding a possible rotator cuff injury. Additionally, no information was submitted regarding the patient's findings consistent with impingement at the left shoulder. Furthermore, no information was submitted regarding the patient's previous completion of any plain radiograph studies. Given these factors, the request is not indicated. As such, it is the opinion of this reviewer that the request for an open MRI of the left shoulder without contrast is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)