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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/09/2016

Review Outcome:

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

Pediatric Orthopedics And Orthopedic Surgery

Description of the service or services in dispute:

MRI Elbow
MRI Right Shoulder
MEI Right Humerus

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 male who reported an injury on XX/XX/XX. The patient was diagnosed with neoplasm of unspecified behavior of bone, soft tissue, and skin. An MRI of the right upper extremity triceps region and right elbow was performed on XX/XX/XX, which noted significant hemarthrosis and soft tissue contusion involving the anterior and posterior right elbow joint and dorsal elbow joint soft tissues. The triceps showed tendinosis, but no disruption. There was a hematoma in the medial triceps. There was osteochondral defect within the trochlea of the medial humerus measuring 8 x 9 mm. There was diffuse bone contusion within the medial epicondyles and within the head and neck on the radius. There was significant hemarthrosis at the anterior and posterior elbow joint, and there was fluid in the region of the cubital tunnel. X-rays of the right humerus and elbow were performed on XX/XX/XX, which demonstrated small joint effusion. There was an osteophytic spur off the radial head, as well as the capitellum. There was no other intra-articular change. There was a small healed radial head fracture. The evaluation performed on XX/XX/XX indicated the patient had complaints of right elbow pain with associated weakness and grip strength. The pain was located in and around/near his posterior elbow and radiated approximately up into his shoulder. He had some weakness in He had a previous MRI which was performed in XX. On exam, the patient was noted to have a palpable mass within the medial head of the triceps near the insertion. The patient had some atrophy of the triceps on the right when compared to the left. Elbow range of motion was noted to be 3 degrees of 125 degrees. He had full pronation and supination. Sensation was intact to the hand. He had a positive Tinel's adjacent to the soft tissue mass. His grip strength was weak on the right when compared to the left, along with intrinsic weakness on the right when compared to the left. Shoulder pain was noted with Speed's testing. He had some mild weakness with empty can tests. Reflexes were normal. The patient's treatment plan included a repeat MRI of the shoulder humerus and elbow for further evaluation of a soft tissue mass. It was noted the mass had significantly decreased in size and the pain and swelling was significantly better. The evaluation performed on XX/XX/XX indicated the patient presented for followup of right shoulder pain. The patient continued to complain of shoulder pain. A request has been submitted for MRI elbow, MRI right shoulder, and MRI right

humerus.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

In regards to the request for MRI of Elbow, the Official Disability Guidelines state repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation submitted for review indicated the patient underwent a previous MRI of the right upper extremity triceps region and right elbow on XX/XX/XX. The documentation submitted for review indicated a repeat MRI of the shoulder humerus and elbow was being requested for further evaluation of a soft tissue mass. However, it was noted the mass had significantly decreased in size. It was also noted the pain and swelling was significantly better. Given the patient was noted to have significant improvement, the need for a repeat MRI would not be warranted. There was also no documentation of how the results of repeat imaging would change the patient's treatment plan. Therefore, the request for MRI elbow is non-certified.

In regards to the request for MRI of right shoulder, the Official Disability Guidelines state indications for Magnetic resonance imaging include acute shoulder trauma with suspected rotator cuff tear/impingement; over age 40; and normal plain radiographs or subacute shoulder pain with suspected instability/labral tear. The documentation submitted for review indicated the patient had complaints of right shoulder pain. The patient had findings of pain with speeds testing and mild weakness with empty can test. Due to these findings, the request for an MRI of the right shoulder appears to be appropriate. As such, the request for MRI of right shoulder is certified.

In regards to the request for "MEI" right humerus, repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation submitted for review indicated the patient underwent a previous MRI of the right upper extremity triceps region and right elbow on XX/XX/XX. The documentation submitted for review indicated a repeat MRI of the shoulder humerus and elbow was being requested for further evaluation of a soft tissue mass. However, it was noted the mass had significantly decreased in size. It was also noted the pain and swelling was significantly better. Given the patient was noted to have significant improvement, the need for a repeat MRI would not be warranted. There was also no documentation of how the results of repeat imaging would change the patient's treatment plan. As such, the request for "MEI" right humerus is non-certified.

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 AHCPH-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 Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)