

CASEREVIEW

8017 Sitka Street
Fort Worth, TX 76137
Phone: 817-226-6328
Fax: 817-612-6558

April 12, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI Left Shoulder

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

This physician is a Board Certified Orthopedic Surgeon with over 16 years of experience.

REVIEW OUTCOME:

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

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]:

The claimant is a male who was injured on XX/XX/XX while working under a XX with his team. They were trying to break loose a valve and he was on the end of the wrench pulling towards himself. When the valve gave way his left shoulder popped causing immediate pain. He was initially treated by XX with physical therapy and medication, including Naprosyn 500mg and Skelaxin 800mg. Following MRI results, XX referred to an Ortho. He was seen by XX who injected the shoulder, which helped minimally. He then underwent surgery on XX/XX/XX.

On XX/XX/XX, X-ray of the left shoulder, Impression: 1. No acute process identified. 2. Recommend Y or axillary views for evaluation of possible dislocation, although no obvious dislocation identified at this time.

On XX/XX/XX, MRI Left Shoulder, Impression: 1. Anterosuperior glenoid labrum tear which appears to undermine biceps tendon anchor. Biceps tendon remains normally positioned and maintains normal signal intensity without convincing evidence tear. 2. Mild tendinosis/tendinopathy of the supraspinatus tendon. 3. Acromioclavicular osteoarthritis producing mass effect. Correlate clinically for impingement syndrome.

On XX/XX/XX, the claimant presented with increased pain and symptoms. Pain was reported a 9/10. Numbness and tingling had increased in the LUE. On exam there was diffused left tenderness. ROM abduction remained the same at 100 degrees. Flexion remained the same at 90 degrees. Internal rotation remained the same at 90 degrees. External rotation remained the same at 85 degrees. Impingement was positive. It was noted that the claimant had been seen by the ortho on XX/XX/XX and a steroid injection to the left shoulder was done. Plan: Continue PT. Continue Naprosyn and Skelaxin. Still on restricted duty.

On XX/XX/XX, the claimant presented with continued pain rated 8/10. Exam remained the same. It was noted the claimant was seen by the Ortho on XX/XX/XX and he plans to do surgery. The claimant was also seen by the Ortho on XX/XX/XX and the left shoulder arthroscopic surgery was scheduled for XX/XX/XX. Plan: No PT at this time until after the surgery. Continue Naprosyn and Skelaxin.

On XX/XX/XX, Operative Report. Postoperative Diagnosis: 1. Left shoulder superior labral tear (Superior Labrum Anterior and Posterior Tear). 2. Left shoulder subacromial impingement. 3. Low grade partial-thickness tear of supraspinatus portion, rotator cuff articular surfaces. Procedures Performed: 1. Left shoulder biceps tenodesis. 2. Left shoulder arthroscopy and arthroscopic subacromial decompression. 3. Left shoulder arthroscopy and arthroscopic distal clavicle resection. 4. Left shoulder arthroscopy and extensive arthroscopic debridement.

On XX/XX/XX, the claimant presented with overall increased symptoms. Pain level was reported as 10/10. Rom was decreased. Swelling of the left arm was increased. On exam there was diffused tenderness. ROM : abduction was 30 degrees, flexion was 30 degrees, internal rotation was 90 degrees, and external rotation was 10 degrees. Plan: Continue PT, Continue Naprosyn and Skelaxin, Arrange new appointment with Ortho to assess worsening symptoms.

On XX/XX/XX, the claimant presented for continued pain. The claimant reported that he believed during his postoperative period he had been treated unfairly by XX and had not been given adequate instructions on how to take care of his shoulder postoperatively. Since the surgery he reported an increase in the amount of problems with his left shoulder. He complained of a "pins and needles feeling" throughout his hands and left upper extremity. The Tramadol he was given postoperatively was not working so he started taking Tylenol #3 which he had from a previous injury. On physical examination the claimant's left arm was in a sling and had Steri-strips in place over his incision and portal holes. He was able to demonstrate pendulum exercises and had mild discomfort while doing them. He had some scapulothoracic pain as well as neuropathy. While testing his radial, median and ulnar nerves of the left hand, he did appear to have some decreased function when compared to the right. His pulses were good distally. X-rays were taken and showed evidence of distal clavicectomy as well as subacromial decompression. There was evidence of anchor placement from his previous surgery. Impression: 1. Status post arthroscopic/biceps tenodesis subacromial decompression, distal clavicectomy, and rotator cuff repair-left shoulder. 2. Neuropathy-left upper extremity. Plan: Begin using an abductor pillow brace. Start a gentle rehabilitation program at home. NCS to assess the neuropathy.

On XX/XX/XX, the claimant presented in follow-up. On examination while testing his radial, medial and ulnar nerves, he appeared to have some decreased function, primarily his ulnar nerve had the most significant pathology. He motor function remained a 2/4, thumb to small finger pinch was 2/4. He had sensation over the axillary nerve, but not normal at the shoulder. Plan: Conservative treatment. Continue only with gentle pendulum exercises and use of the sling. Gabapentin was not helpful so switched to a Medrol Dosepak. Schedule him for EMG/NCV.

On XX/XX/XX, the claimant presented to XX. Still waiting on EMG. The Medrol Dosepak was minimally helpful. He was exhibiting severe spasm and pain, therefore a short course of valium 5 mg was prescribed.

On XX/XX/XX, UR. Rationale: The injured worker is still having significant pain and functional limitation 2 months post-op and XX wants post-op MRI. There is no comparison with prior exams, the current exam shows decreased post-op mobility, tenderness and weakness. Request is for Repeat MRI LT Shoulder. Based on the diagnosis and objective deficits 2 months post-op according to ODG (shoulder) Treatment Guidelines, the request is medically necessary.

On XX/XX/XX, EMG/NCV Conclusion: Normal neuroelectrodiagnostic study.

On XX/XX/XX, MRI Left Shoulder, Impression: 1. Previous acromioplasty and partial distal clavicle resection with mild edema along the operative bed. 2. Supraspinatus, infraspinatus, and subscapularis tendinosis without a discrete tendon tear. 3. Mild thickening and interstitial edema along the inferior glenohumeral ligament without

capsule disruption. 4. Previous proximal biceps tenodesis with secondary smooth blunting of the superior labrum. Internal degeneration of the superior labrum is present without labral detachment.

On XX/XX/XX, the claimant presented to XX for possible treatment of reflex sympathetic dystrophy. He reported his pain had gotten worse since his last visit. His wife marked two locations on his clavicle and scapula, both anteriorly and posteriorly as the location of his pain. Since the last visit, Neurontin was increased to 600 mg and he was continued on Elavil. On physical exam he had limited ROM of the neck and LUE. He could not forward flex or abduct the arm 90 degrees. He could do his gentle pendulum exercises and almost get his arm to 90 degrees. Passively XX could increase the ROM but it caused significant discomfort. He had trigger point fascial inflammations in his posterior shoulder and down on the deltoid. His elbow was most exquisitely tender. Even though his EMG was normal, he had a hard time showing the motor functions of radial, median, and ulna. He was hypersensitive, but no areas of numbness. Plan: Pain clinic evaluation by XX.

On XX/XX/XX, the claimant presented to XX, who recommended a left stellate ganglion block. The block was performed. Medication plan: Keep Neurontin and add Morphine ER 50 mg.

On XX/XX/XX, the claimant presented to XX following a left stellate ganglion block. He reported the procedure helped a good 40-50% pain relief for more than 2 weeks, but he still had pain after attempting to do physical therapy. On exam there was hyponatraemia and andolemma in the left thumb and index finger. Medication Plan: Prescribe Gabapentin and Fentanyl Patch. Hydrocodone #90. Plan: Left stellate ganglion block.

On XX/XX/XX in a letter to XX, XX requested a consultation for the claimant regarding the RSD. He indicated that despite pain clinic evaluation, injections, and large doses of Neurontin, he had not made much progress. He indicated that he would repeat an MRI before seeing XX and that a laboratory evaluation and bone scan was scheduled.

On XX/XX/XX, XX, UR. Rationale for Denial: ODG guidelines, shoulder chapter, indications for repeat MRI reviewed: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". Last MRI was XX/XX/XX. Lab studies are also being ordered. 3 phase bone scan was certified. Repeat MRI at this time is NOT medically necessary .

On XX/XX/XX, 3 Phase Bone Scan, Impression: Findings in keeping with left upper extremity reflex sympathetic dystrophy more prominent in the wrist and hand.

On XX/XX/XX, the claimant presented XX in follow-up. He reported that he was no better, that even the wind rubbing against his shoulder caused him severe discomfort. He could do some gentle pendulum exercises, but no more than that. He was not using a sling. On examination, there is significant limitation of motion of the shoulder, barely able to do pendulum exercises, unable to touch the shoulder without causing severe discomfort. Swelling in the elbow and wrist was prominent. It was reported that the Rheumatoid workup showed a normal white count, normal serum uric acid. His sedimentation rate, C-reactive protein was normal, as was his reticulocyte count. But he was positive for HLAB-27. Impression: 1. Status post arthroscopic decompression-left shoulder with open biceps tenodesis. 2. Severe marked reflex sympathetic dystrophy. 3. Positive HLAB-27 antigen. Plan: Referral to a rheumatologist for evaluation, use of a sling, aggressive walking program, continue following with XX.

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

The request for repeat MRI of the left shoulder is denied.

The claimant underwent a left shoulder arthroscopic procedure on XX/XX/XX. He subsequently completed a post-operative MRI of the left shoulder in XX/XXXX. He is currently being evaluated for reflex sympathetic dystrophy

(RSD) by a pain clinic.

The Official Disability Guidelines (ODG) supports a repeat MRI if there is a significant change in symptoms and/or physical findings. This claimant has had no new injuries to his left shoulder. He has had no significant change in his shoulder complaints. Based on the records reviewed, it is unlikely that a second postoperative MRI of the shoulder will not demonstrate any new pathology that will change the claimant's medical care.

The second postoperative MRI is not medically necessary.

Magnetic resonance imaging (MRI)

Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. (Banchard, 1999) Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. (Oh, 1999) The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. (Dinnes, 2003) Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. The question we need to ask is: Do we need all this information? If only full-thickness cuff tears require an operative procedure and all other abnormalities of the soft tissues require arthroscopy, then would shoulder arthrography suffice? (Newberg, 2000)

Ultrasonography and magnetic resonance imaging have comparable high accuracy for identifying biceps pathologies and rotator cuff tears, and clinical tests have modest accuracy in both disorders. The choice of which imaging test to perform should be based on the patient's clinical information, cost, and imaging experience of the radiology department. (Ardic, 2006) MRI is the most useful technique for evaluation of shoulder pain due to subacromial impingement and rotator cuff disease and can be used to diagnose bursal inflammatory change, structural causes of impingement and secondary tendinopathy, and partial- and full-thickness rotator cuff tears. However, The overall prevalence of tears of the rotator cuff on MRI is 34% among symptom-free patients of all age groups, being 15% for full-thickness tears and 20% for partial-thickness tears. The results of this study support the use of MRI of the shoulder before injection both to confirm the diagnosis and to triage affected patients to those likely to benefit (those without a cuff tear) and those not likely to benefit (those with a cuff tear). (Hambly, 2007) The preferred imaging modality for patients with suspected rotator cuff disorders is MRI. However, ultrasonography may emerge as a cost-effective alternative to MRI. (Burbank, 2008)

Primary care physicians are making a significant amount of inappropriate referrals for CT and MRI, according to new research published in the *Journal of the American College of Radiology*. There were high rates of inappropriate examinations for shoulder MRIs (37%), shoulder MRI in patients with no histories of trauma and documented osteoarthritis on plain-film radiography. (Lehnert, 2010) Non-contrast MRI is sufficient for rotator cuff tears, and contrast enhancement is recommended for SLAP tears. In the past when MRI images and sensitivity were poor, the additional injection of contrast into the shoulder improved interpretation. This is not necessary with modern high field machines. (Spencer, 2013) (Farshad-Amacker, 2013) (Arnold, 2012)

Intraarticular contrast material is helpful in diagnosing labral tears in the shoulder, particularly tears of the anterior labrum. ([Major, 2011](#)) See also [MR arthrogram](#).

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](#))

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
- 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)