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December 27, 2017:

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Arthrogram Right Shoulder

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

This case was reviewed by a Board-certified Orthopedic Surgeon who is considered to be an expert in their field of specialty with current hands on experience in the denied coverage.

REVIEW OUTCOME:

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

X Upheld (Agree)

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XXXX who sustained a work-related injury to XXXX RIGHT shoulder XXX. After failure of nonoperative treatment, XXXX then underwent RIGHT shoulder arthroscopy, arthroscopic Bankart/capsulorraphy, subacromial decompression, and coracoacromial ligament release on XXXX. On XXXX, XXXX was seen by operating provider for follow-up in clinic. XXXX reported that XXXX was back to work but that XXXX pain was a 9. XXXX had self-discontinued physical therapy. XXXX was XXXX repetitively. Physical exam revealed 4/5 strength but "AROM wnl". There was no instability and positive Neers/Hawkins provocative impingement maneuvers. XXXX was given a subacromial corticosteroid injection and instructions to continue home exercise program and lifting restrictions.
Repeat MRI arthrogram RIGHT shoulder was obtained XXX. Findings were consistent with prior labral repair with suture anchors in place about the anterior/inferior glenoid. There was nondisplaced tearing of the anterior mid-labrum, the entire posterior labrum, and majority of the inferior labrum. Rotator cuff tendinosis. Stable, focal grade 4 chondrosis over anterior inferior labrum. Mild subacromial and subdeltoid bursitis. Type II acromion.

Repeat clinic visit XXXX revealed 6/10 pain (from 9/10 at first clinic visit). There was no documented change in the exam and provider reported "excellent ROM and stability". XXXX underwent a repeat corticosteroid injection at that visit.
The next submitted clinical visit was XXX with PA XXXX (new provider) after the patient moved from XXX to XXXX. Patient reported continued pain. Exam was consistent with AC/biceps/acromion pain. Radiographs were normal. Provider requested documentation from surgery and ordered new MRI arthrogram. It was not documented or discussed that the patient had already undergone MRI arthrogram after surgery at that clinic visit, and it is not clear if that provider was aware that the patient already had the study performed after surgery.
Adverse determination made by XXXX. Case was found noncertified as there was a lack of significant change in symptoms and/or findings suggestive of significant pathology that would warrant repeat MRI with arthrogram.

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

The ODG states that repeat MRI is not routinely recommended, and it should be reserved for a significant change in symptoms and/or findings that would suggest significant pathology. This patient already had a repeat MRI arthrogram following surgery which demonstrated postsurgical findings of the labrum s/p repair. In the most recent clinical note from PA XXXX, there is not a significant enough change in post-surgical pain to warrant another repeat MRI. There is no justification or explanation as to why the repeat MRI already performed is inadequate. Additionally, that clinical note indicated the AC joint/biceps/acromion as the source of pain, but the use of an arthrogram would not aid in visualization of those areas. As such, I would agree with the previous adverse determination and find this case non-certified.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
Magnetic resonance imaging (MRI)

ODG states that arthrography is 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. (Ban chard, 1999) Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. (Oh, 1999) (Magee, 2004).

Specifically regarding MR arthrography, medical practice standard of care dictates that the indications for an MR arthrogram are similar to the indications for a standard arthrogram, including: Subjective findings (joint pain), objective findings (pain with passive ROM, limited ROM, tenderness, crepitus, instability, pain with provocative labral testing, and/or weakness), shoulder x-ray nondiagnostic for etiology of pain, and failure of conservative treatment (NSAID, OT/PT and activity modification).

In addition, ODG identifies that 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) (ODG, Shoulder Chapter).