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Review Outcome

Description of the service or services in dispute:

73221 - Right shoulder MRI

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

Board Certified Chiropractor

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

- ☐ Overturned (Disagree)
- ☑ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

XX is a XX who sustained a work-related injury on XX, when XX slipped on the floor after another employee sprayed some cleaner. XX sustained a strain to the back and right wrist. XX was diagnosed with unspecified sprain of the right wrist, subsequent encounter; carpal tunnel syndrome, right upper limb; sprain of ligaments of the cervical spine, subsequent encounter; unspecified sprain of the right shoulder joint, subsequent encounter; impingement syndrome of the right shoulder and sprain of the ligaments of the lumbar spine, subsequent encounter.

On XX, XX was seen by XX, DC for a follow-up visit and reported pain in the right shoulder at 5/10 and wrist pain at 8/10. XX reported that XX did not meet XX who had requested an EMG / NCV study. With respect to daily activity, XX had 6/10 difficulty with standing, 7/10 difficulty with walking, rising from a seated position and going up / down stairs. XX had 8/10 difficulty with bending, squatting, with grip on the right wrist, reaching and overhead reaching. For the right shoulder, by goniometer, flexion was 120, extension 29, abduction 96, adduction 20, internal rotation 40, and external rotation was 88. XX did have a positive impingement sign. XX was able obtain some more passive motion with internal rotation, abduction, and flexion that XX could do actively, although it was painful for XX. XX had a slightly positive pour the can and slightly positive O'Brien's test. XX had been approved for EMG / NCV and hoped to get this scheduled in the near future. Otherwise, XX planned to appeal the denial of the MRI for XX right shoulder. In the interim, XX advised XX to continue with the home exercises program.

Treatment to date consisted of medications, injections, physical therapy, home exercise program, and surgical intervention without much benefit.

Per Utilization review dated XX, XX MD denied the request for an MRI of the right shoulder without contrast between XX and XX with the following rationale. “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Based on the fact that the injury was XX ago, and there is no documented injury to right shoulder, and no discussion of prior diagnostic studies of the right shoulder over the past 2 decades, and lack of new clinical indications for need for MRI at this time.”

Per utilization review dated XX, XX DC denied the appeal for the request of MRI of the right shoulder without contrast between XX and XX Rationale: “Per ODG, a shoulder MRI is recommended for patients suspected of having acute trauma suspecting a rotator cuff tear / impingement and patients with subacute shoulder pain suspecting instability / labral tear. Also, according to ODG, a repeat MRI of the

shoulder is not routinely recommended and should be reserved for a significant change in symptoms and / or findings suggestive of significant pathology. Based on the medical information provided, there is not sufficient objective information to justify a right shoulder MRI for a XX injury. There is no evidence of any intervening event suggesting a re-injury / aggravation to XX right shoulder since the original injury on XX. There is also no documentation to suggest that there was a significant objective change in the patient's symptoms and / or findings suggestive of significant pathology to justify a repeat shoulder MRI. There were no exceptional factors noted."

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

Based on the clinical information provided, the request for XX - Right shoulder MRI is not recommended as medically necessary, and the two previous denials are upheld. Per Utilization review dated XX, XX, MD denied the request for an MRI of the right shoulder without contrast between XX and XX with the following rationale. Based on the clinical information submitted for this review and using the evidence based, peer-reviewed guidelines referenced below, this request is non-certified. Based on the fact that the injury was XX and there is no documented injury to right shoulder, and no discussion of prior diagnostic studies of the right shoulder over the past XX, and lack of new clinical indications for need for MRI at this time.

Per utilization review dated XX, XX DC denied the appeal for the request of MRI of the right shoulder without contrast between XX and XX. Rationale: Per ODG, a shoulder MRI is recommended for patients suspected of having acute trauma suspecting a rotator cuff tear / impingement and patients with subacute shoulder pain suspecting instability / labral tear. Also, according to ODG, a repeat MRI of the shoulder is not routinely recommended and should be reserved for a significant change in symptoms and / or findings suggestive of significant pathology. Based on the medical information provided, there is not sufficient objective information to justify a right shoulder MRI for a XX injury. There is no evidence of any intervening event suggesting a re-injury / aggravation to XX right shoulder since the original injury on XX. There is also no documentation to suggest that there was a significant objective change in the patient's symptoms and / or findings suggestive of significant pathology to justify a repeat shoulder MRI. There were no exceptional factors noted. There is insufficient information to support a change in determination, and the previous non-certification is upheld. No additional information was provided to address the issues raised by the initial denials. There are no previous diagnostic studies submitted for review. There is no clear rationale provided to support an MRI of the shoulder at this time. XX, the patient was recently authorized to undergo EMG/NCV; however, it is unclear if this test has been performed. Recommend non-certification/upheld.

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
- ☐ AHRQ-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

  Shoulder Chapter

  MRI

  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)

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 number 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.

☐ 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)

Case Number: XXXX Date of Notice: 07/09/18

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.