



**DATE OF REVIEW:** 05/29/18

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

MRI of right shoulder

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

Board Certified in Orthopedic Surgery

**REVIEW OUTCOME**

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)

**Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:**

- MRI of the right shoulder - Overturned

**PATIENT CLINICAL HISTORY:**

On XXXX, there was a handwritten progress report from XXXX regarding a right shoulder injury. The claimant was XXXX. DOI was XXXX. Pain was left shoulder/bicep and was sharp. PMH positive for diabetes and current medication was XX. Exam handwritten and illegible though noted positive shoulder TTP at triceps, positive empty can, negative Neer, full ROM, no cervical spine tenderness. Dx: Right shoulder strain/pain, right biceps strain/pain. XX for pain and use ice and Epsom salt soaks. RTW full duty. On XXXX, pain was 2 to 8, had right shoulder pain, tricep pain, pain with pressure on right arm when getting up. Exam revealed positive empty can, pain with f/e and IR and ER, decreased flexion and extension, could not flex 2<sup>nd</sup> PIP digit. Dx: Right shoulder pain/strain. MRI of right shoulder ordered. RTW full duty.

UR report dated XXXX noted a DOI was XXXX (not XXXX as on office visit notes). MRI of the right shoulder denied as the mechanism of injury was not documented, and with no prior attempt at any form of conservative treatment and a significant gap in treatment with respect to the described medical situation.

A follow up note on XXXX noted the pain was 6 to 10. Claimant reported increased pain in the shoulder, no neck pain, continued?? (Illegible), right hand fully of 1<sup>st</sup> and 2<sup>nd</sup> digits. Exam revealed flexion to 90, extension was full with pain. Pushing and pulling caused pain. IR and ER caused pain and there was decreased motion; negative cervical spine tenderness and full motion of the neck. Motor and sensory were intact. Dx: right shoulder strain. MRI again ordered and XX. RTW light duty.

UR report dated XXXX again noted a DOI of XXXX, though in the rationale, the DOI was XXXX. MOI was documented as pressure on the right arm when getting up. Peer to peer was attempted but not

established. MRI denied as a detailed physical exam was not provided and there was no evidence of conservative care and no red flags to suggest or support the medical necessity for MRI of the right shoulder.

On XXXX, the claimant had pain that was 6 to 10, no improvement. Exam revealed flexion to 90, extension to 20, positive empty can and Neer, painful f/e, IR and ER, cannot fully close 1<sup>st</sup> and 2<sup>nd</sup> digit of right hand. Dx: Right shoulder strain/pain. MRI and PT ordered and XX. On XXXX, pain was 8 and was sharp and numb. The claimant reported that the right shoulder and 1<sup>st</sup> and 2<sup>nd</sup> digit were worse. Exam noted claimant could only flex half of normal ROM to 90, extension was 15 to 25, positive Neer and empty can, unable to fully close 1<sup>st</sup> and 2<sup>nd</sup> digit, had decreased grip of the right hand. Dx: Right shoulder strain/pain, decreased motion; 1<sup>st</sup> and 2<sup>nd</sup> digit numbness with decreased motion and weakness. MRI ordered. Claimant to continue PT. Multiple MRIs had been ordered, tried peer to peer and left a message but no return call. RTW light duty.

On XXXX, pain was 8, no improvement, exam same. OT ordered because insurance believed this was needed before an MRI could be ordered. OT was told not to use any weight or over exercise the shoulder so they did not completely finish or tear if one was present. MRI again ordered.

On XXXX, there was a typed OT Eval. From XXXX. The claimant reported that on XXXX, the claimant was XXXX. The claimant did not XXXX completely as XXXX caught XXXX with XXXX right UE. The claimant reported pain immediately. The claimant waited about 1 week until XXXX went to the doctor as it was not getting better. No x-rays were performed. No MRI as this was not approved by the carrier. The claimant was currently working as an XXXX and was still working full duty, full time. The claimant's quick DASH score was 63.25. Pain was in right shoulder thru triceps region (also numbness/pain in forearm to the thumb/digit 2). Worst pain was 8 and best pain level was 2. Current pain today was 4. There was throbbing ache in shoulder/triceps region, numbness with palpation to the triceps region, numbness to digit ½; pulling sensation in the forearm. Objective exam revealed muscle atrophy of infraspinatus/rotator cuff region as well as thenar and web space. Sensation was 2.83 filament in all nerves on left; on right, 2.83 in all distributions other than median nerve distribution; digit 1 is 4.56 filament. Digit 2 MCP flexion was 90 on right and left; PIP flexion was 68 on right and 95 on left; DIP flexion was 10 on right and 60 on left. AROM in right shoulder flexion was 90 and on left was 160; extension was 36 on right and 60 on left; abduction was 87 on right and 175 on left; ER was 70 on right and left. Average grip on right was 65 and on left was 115. Provocative tests revealed positive empty can, Speed; scapular wasting muscles of rotator cuff; positive froments sign (OK sign of digit ½ unable) indicating anterior interosseous nerve interruption and/or injury to the lateral cord in brachial plexus. There was palpable edema in XXXX shoulder weakness in shoulder and intrinsic and muscle wasting. Therapy diagnosis was strain of muscles and tendons of rotator cuff of right shoulder; brachial plexus disorders; muscle weakness (generalized), pain in the right shoulder; stiffness of the right shoulder, other disturbances of skin sensation. Assessment revealed the claimant reported misjudged XXXX which resulted in over stretching of XXXX arm to XXXX in early XXXX. Since the injury, the claimant had pain, weakness, stiffness and decreased functional use of the UE. The claimant had positive involvement of the rotator cuff muscles with muscle atrophy, and other positive signs and clinically, it could be suggested that the claimant had injury to the muscles of the rotator cuff and over stretch of the brachial plexus and would benefit from further imaging by the MD. OT recommended.

There was a faxed order for MRI of the right shoulder dated XXXX.

On XXXX, the claimant was seen for follow up and pain was 8. The claimant had the same complaints for over 3 months and provider noted XXXX did not understand why MRI was not approved. OT Eval showed similar ROM and XXX (Illegible) that was probably a tear. Exam revealed atrophy in right shoulder, flexion was 85 to 90, extension to 15, positive empty can and Neer, decreased motion of the 1<sup>st</sup>

and 2<sup>nd</sup> digit of the right hand. Dx : Right shoulder strain, muscle atrophy. MRI again ordered noting very high suspicion of rotator cuff tear.

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

The XXXX reported a work incident occurred on XXXX when the claimant was XXXX. The claimant XXXX with XXXX right upper extremity. While the office visit notes from the treating provider were handwritten and mostly illegible, there was a typed occupational therapy evaluation dated XXXX that documented the following exam findings: Muscle atrophy of infraspinatus/rotator cuff region as well as thenar and web space, AROM in right shoulder flexion was 90 and on left was 160; extension was 36 on right and 60 on left; abduction was 87 on right and 175 on left; ER was 70 on right and left, decreased grip on the left, and positive orthopedic provocative tests including a positive empty can, Speed; scapular wasting muscles of rotator cuff; positive froments sign indicating anterior interosseous nerve interruption and/or injury to the lateral cord in brachial plexus. There was also palpable edema in the shoulder, weakness in shoulder and intrinsic and muscle wasting. These clinical exam findings 8 weeks after the work incident correlate with a suspicion for a rotator cuff tear as well as impingement. The mechanism of the XXXX work injury correlates with acute shoulder trauma. Based on the claimant having acute shoulder trauma on XXXX and with a rotator cuff tear suspected based on the exam findings, medical necessity is established for a right shoulder MRI based on ODG criteria.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION: (CHECK ALL THAT APPLY.)**

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**