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An Independent Review Organization

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: MRI for the left shoulder

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XXXX with a history of an occupational claim from XXXX. The mechanism of injury was not listed in the available documentation. The patient was diagnosed with sprain of unspecified muscle, fascia, and tendon at the shoulder and upper arm level of the right arm, unspecified rotator cuff tear or rupture of the left shoulder, loose body in the left shoulder, complete rotator cuff tear or rupture of the left shoulder, and unspecified sprain of the left shoulder joint. The most recent clinical note provided for review was dated XXXX. On this date, the patient presented for follow-up regarding XXXX left shoulder. The provider noted that it had been 9 months since XXXX surgery, and that a prior MRI had been non-certified. The patient had reached statutory maximum medical improvement on XXXX, and XXXX condition was unchanged. On examination of the left shoulder, flexion was 120°, and extension was 30°. Abduction was 80°. The provider noted that further active medical treatment was not anticipated, and a follow-up visit would be scheduled after XXXX MRI. According to submitted prior reviews, the requested MRI had been denied as there was no documentation of significant functional limitations, surgical considerations, or rationale for an MRI if the patient was at maximum medical improvement. The request was submitted for an appeal.

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

Regarding the requested MRI of the left shoulder, the request was previously denied due to unclear rationale for additional imaging. Upon review of the available documentation, the most recent clinical note provided for review was dated XXXX. There were no updated findings to support overturning the prior denial. Furthermore, as mentioned in prior review, the patient had reached maximum medical improvement, and the provider noted that additional medical treatment was not anticipated. The Official Disability Guidelines support imaging for patients with acute trauma of the shoulder, or subacute shoulder pain with a suspected instability or labral tear. Repeat studies should be reserved for significant

changes in symptoms or findings suggestive of significant pathology. In this case, the provider noted the findings were unchanged. There was insufficient documentation to support overturning the prior denial. As such, MRI of the left shoulder remains not medically necessary, and the prior determination is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder, Magnetic resonance imaging (MRI)