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PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker is a X. The injured worker reportedly X. Evaluation included X x-rays, X x-rays and X x-rays, X. No X such as X, were identified. The X MRI was interpreted as demonstrating X. An operative report of X listed diagnoses of X. The operative report notes, "X." The report states, "X was completed by X." A X progress report states the patient is making "slow but steady progress in X" and recommends continued X. A X report states the patient is having increasing pain with X. The exam states, "Patient is for X. X continues to be X. Positive X. Positive X." An MR X was recommended. The next provided report of X states, "We had ordered an MRI X because X was status post a X." A report of X x-rays notes, "no X." The most recent report of "X" states that "x-ray of X is X."

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

This is an unusual request for a X MR X in a patient who underwent X for symptoms attributed to X. Records provided contain inaccuracies and inconsistencies. The X operative report lists diagnoses of X. The body of the report notes that the X. X is indicated for persistently painful X despite nonsurgical treatment. X is not indicated for X. The treating/requesting surgeon notes that X x-rays were X. If the X were surgically excised as the X operative report states, subsequent x-rays would not be normal – the X would be absent. The X shoulder MRI and X operative report did not identify X. On X the treating/requesting surgeon states the patient was "status post a X."

Regarding the specific request for a X MRI, X increase in incidence with aging and are extremely prevalent in this injured worker's age range and studies have identified X on MRI in over 50% of the population in this age range. As a result, evidence based treatment X for X, such as those found in Up To Date note, "MR imaging is generally recommended in patients under age X years and not older patients because X in older patients is predominately related to X and is generally managed conservatively. Patients X years of age and older should generally not be referred for MR imaging prior to surgical evaluation. MR exams are likely to be abnormal in these patients and rarely change management in this age group." In this case, the patient has undergone MRI prior to surgery, definitive arthroscopic surgical evaluation of the X has been performed and there is no mention of X injury to support the need for a postoperative MR arthrogram of the X. There are no treatment X specifically discussing this unusual request for X MRI in the setting of failed surgery for symptoms attributed to X.

Therefore, I have determined the requested coverage for MRI Arthrogram of the X is not medically necessary for treatment of the patient's medical condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTX 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**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTX EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**