

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** OCTOBER 7, 2010

**IRO CASE #:**

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

Medical necessity of the proposed arthroscopy left shoulder (29826)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
726.10, 840.7	29826		Prosp	1					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 108 pages of records received to include but not limited to:

Group letter 9.21.10; Request for an IRO forms; TDI letter 9.17.10; letter 9.20.10; DWC form 1; Workers Compensation request for medical care 1.4.10; job offer 1.6.10; DWC form 73; Chiropractic Clinic note 1.4.10; x-ray lft shoulder 1.14.10; x-ray AP & Lateral elbow 2.12.10; x-ray AP & Lateral humerus 2.12.10; Orthopedic records 2.5.10-8.19.10; MRI lft shoulder 2.23.10; letter 8.3.10, 8.12.10

Requestor records- a total of 22 pages of records received to include but not limited to: PHMO Notice of an IRO; MRI left shoulder 2.23.10; Orthopedic records 3.22.10-9.23.10

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related injury to her shoulder on xx/xx/xx. She has been diagnosed as having rotator cuff tendonitis with a possible labral tear.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The medical records do not report the mechanism of injury, in other words, exactly what happened to produce the symptoms of the left shoulder pain. The rationale for a request for surgery is not available.

The Left Shoulder MRI by itself and in conjunction with the reported physical findings does not provide justification for surgery according to ODG guidelines. Therefore, the denial is upheld as the medical records do not provide medical necessity for the requested procedure.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES