

I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive, #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right biceps tendon sheath injection in office

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

M.D., Board Certified Family Practice

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Notice of denial of preauthorization 06/27/11

Notice of reconsideration 07/15/11

History and physical report 06/20/11, 04/18/11, 07/20/11, 03/21/11, 03/16/11, 03/07/11, 02/22/11, 02/21/11, 02/15/11

Appeal letter 07/12/11

Consent form for trigger point injection 03/16/11

Radiographic report 02/15/11

MRI cervical spine 03/17/11

Progress/treatment notes, 03/09/11, 03/07/11, 03/02/11, 03/04/11, 02/28/11, 02/25/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx . She was attempting to put a heavy rug up onto a rack with her arm and neck in an awkward position when she felt pain in the upper shoulder. The patient was initially seen by Dr. and received an injection, which did help temporarily. Diagnosis is left shoulder strain. MRI of the cervical spine dated 03/17/11 revealed a 3 mm disc bulge at C4-5 causing severe right neural foraminal narrowing. At C5-6 there is a 6 mm right paracentral disc protrusion that fills the right lateral recess of the spinal canal, flattens the right side of the spinal cord and causes severe right neural foraminal narrowing. There is a 2 mm disc bulge, mild disc height loss, and mild bilateral neural foraminal narrowing at C6-7. Physical examination on 06/20/11 notes strength is rated as 5/5 in the bilateral upper extremities. Reflexes are 1/2 bilateral biceps, right bicep and right brachioradialis; 2/2 left bicep and left brachioradialis. Range of motion of the cervical spine is decreased in extension.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient's physical examination noted no range of motion deficits and noted only tenderness along the right biceps tendon. There is no clear rationale provided to support this injection at this time. Therefore, this request for Right biceps tendon sheath injection in office is not indicated as medically necessary and the previous adverse determinations should be upheld.

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

ACOEM-AMERICA 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

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)