Parker Healthcare Management Organization, Inc.

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IRO XX#XX

DATE OF REVIEW: DECEMBER 18, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed XX, XXXX XX surgery; XX (XX); XX XX/XX XX includes (XX)

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 Orthopedics and 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:

XX Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XXXX, who sustained an injury to XXXX XX on XXXX. The Diagnosis is a XX joint of the XXXX XX. Treatment has included Physical Therapy and NSAIDS.

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/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

From the onset, it is questionable whether there was a true XX, with the patient indicating that XXXX felt a "XX" and apparently relocated XXXX own XX. While not impossible or unheard of, this would be difficult at best.

Secondly, while on a subjective basis the patient felt pending XX on a limited number of occasions subsequent to the initial injury, XXXX reported nothing which sounded like either a XX or even a XX.

Objectively, there was no instability noted by any of the examiners; whether XXXX orthopedic surgeon or XXXX physical therapists. There were only minimal limited areas of tenderness on examination, and excellent range of motion was documented. There was a XXXX response to apprehension testing, and the MRI, the interpretation of which was questioned by XXXX due to poor quality of the study. The MRI was said to have shown a XX tear in the XX XX, with neither a bony XX lesion nor damage to the tendons comprising the rotator cuff. No cartilaginous lesions were seen, and there had been resolution of initial XX contusion, with only XX XX XX in the XX XX corner of the XX XX.

After a review on a subjective and objective basis, there is no evidence of instability to warrant a repair. Therefore, medical necessity has not been established and the URA denial is upheld.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES