

**US Decisions Inc.**  
**An Independent Review Organization**  
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***Patient Clinical History (Summary)***

X who sustained a work-related injury on X. X was X. The diagnoses were X. On X, X presented to X, MD for an initial orthopedic evaluation at which time X complained of pain X. Pain was rated X. X MRI was reviewed; however, MR arthrogram was not available for review. X noted pain with X. Physical examination of the X demonstrated X noted X. There was X; however, pain was noted with X. There was a X, X, but X.X. X-rays of the X were obtained on that date and demonstrated X.X. Assessment was X. Per Dr. X, X did not have any X. X also had X but did not have any X , based off the read of the MRI report. Given X symptoms, X wanted to proceed with X. On X, X presented to X, MD, for follow-up with ongoing X complaints. The pain was rated as X. X was to continue X. X was to proceed with X as recommended by orthopedics. A DWC Form-73 provided indicated X was returned to work with restrictions as of X.

Magnetic resonance imaging (MRI) of the X dated X revealed X. There were findings X. MRA arthrogram was recommended for further access. There was possible X. There was X that was centered in the X. X was seen. X from the X the X. The X arthrogram with X was done on X. The impression was X.

Treatment to date X.

On X, an initial request for X was denied. Rationale: "Per evidence-based guidelines, X is indicated after a X in conditions with pertinent subjective complaints and objective findings corroborated by imaging. The MRI of the

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X dated X revealed X. There were findings X. MR Arthrogram was recommended for further access. There was X. There was X. X is seen. X. A request for X; However, there is incomplete documentation of prior X. Additionally, the guidelines note that X are not recommended for X are an option for X. The request is thus not supported.”

On X, the appeal request for X was non-certified. Rationale: “Per-evidenced based guidelines, X is recommended after the provision of X in patients with significant subjective complaints and objective clinical findings corroborated by imaging studies. In this case, the patient complained of pain X. There was X noted over the X. There was a X; however, the pain was noted with X. There was X, X, X. MRI of the X showed findings X. There was a X. There was X. X is seen. An unofficial MRI arthrogram of the X demonstrated a X. There was X noted, and X. X was seen as well as X. Although, it was noted that the patient had X could not be validated on the medicals presented. Additionally, significant objective clinical findings such as X were not evident in the records presented. Moreover, the actual MRI arthrogram should be presented for validation. Furthermore, the guidelines note that X are not recommended for X are an option for X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified.”

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The ODG recommends X. The ODG recommends X. The ODG criteria for X. The ODG does not recommend the use of a X. The ODG does not recommend X as an X. The provided documentation indicates injured worker had X. There are physical examination findings of X. There are MR arthrogram findings of X. As there is no evidence of a treatment failure with a X are not supported. As there is X on MRI arthrogram, X is not supported. As there has not been at X is not supported. Based on the available information and ODG recommendations, X are not medically necessary. Recommendation is to uphold the two prior denials.

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***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

**Appeal Information**

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after

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the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:  
Chief Clerk of Proceedings Texas Department of Insurance  
Division of Workers' Compensation P. O. Box 17787  
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.