



**MEDICAL EVALUATORS
OF TEXAS** ASO,LLC.

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN WHO
REVIEWED THE DECISION**

This case was reviewed by a physician who is board certified in Orthopedic Surgery and is currently licensed and practicing in the State of Texas.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

| Type of Document Received | Date(s) of Record |
|---|--------------------------|
| Medical Record Review from X | X |
| Designated Doctor Examination Data Report | X |
| Disability Determination Report from X, MD | X |
| Notice of Disputed Issue and Refusal to Pay Benefits from X | X |
| Progress Note by X, MD | X |
| X MRI Report by X, MD | X |
| | |
| Surgery Request by X, MD | X |
| Utilization Review Worksheet from X | X |
| X Physician Advisor Determination from X | X |
| Denial Letter from X | X |
| Reconsideration-Surgery Request | X |
| Request for Review by an Independent Review Organization by X, MD | X |
| IRO Request Details from Texas Department of Insurance | X |
| Notice of Case Assignment from Texas Department of Insurance | X |



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EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X while X was X. The claimant initially presented on X with a chief complaint of pain in the X. The claimant received extensive continuous nonoperative treatment from which X experience improvement from X injuries with the exception of X. The MRI of the X performed on X revealed “X. There was X. There was X X outlet. There was an extensive X, consistent with a X, with a X.” The MRI of the X report by X, MD dated X documented “a moderate to severe X; mild to X .“

Progress Note by X, MD dated X documented the claimant returned with complaints of pain in the X. The claimant reported to Dr. X the pain radiated into X X and described the pain as X. The pain was worse with X,. Dr. X documented the claimant was unable to X due to the pain. Objective findings on examination by Dr. X included intact sensation to X;X; internal rotation of X; positive XX XX test; X in abduction and X; tenderness over X ; and pain in the X test to the X. Dr. X documented the claimant’s conservative treatments included X. The claimant reported to the X would usually last about X. Dr. X reported a X was previously planned in X but was postponed due to the claimant’s diagnosis of X. The claimant’s X was controlled with X, X. Dr. X documented the X progressed from partial to full from X and recommended the claimant undergo a X.

Prior denial letter from X dated X denied the request for coverage of X, X stating “ODG X when there is been a failure of X, pain with X. The documentation provided indicates that the injured worker has X pain that has not improved despite medications, X. The injured worker reports pain with activity as well as pain that interferes X. A recent physical examination documented X, and positive XX XX testing. An MRI of the X documented severe X has indicated a diagnosis of a X has recommended a X. Based on the documentation provided, the injured worker does not meet ODG criteria for X as there is no documentation of positive impingement or weakness on physical exam. However, a deviation from the guidelines is recommended as the injured worker has X pain which has X treatment X, and evidence of a X on imaging. Therefore, the request is recommended for certification. However, as I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time. The ODG supports X for the treatment of X when there is been a X care or surgical criteria for an associated diagnosis have been met sooner. Additional criteria include functional impairment, pain with X, temporary relief with X , and evidence of X on imaging. The documentation provided indicates that the injured worker has X pain that has not improved despite X. Additionally, the injured worker reports pain with activity and pain that interferes with X . A recent physical examination documented X, and X testing. An MRI of the X documented severe X provider has indicated a diagnosis of a X and has recommended an X. Based on the documentation provided, the injured worker does not meet surgical criteria for X as there is no documentation of X on physical examination. However, a deviation from the guidelines is recommended as the injured worker has qualified for a X and X pain and reduced function which is not improved despite



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conservative care and evidence of X on imaging. A failure to provide a X may lead to ongoing pain and the need for X. Therefore, the request is recommended for certification. However, as I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time. The ODG supports X when a history, physical exam, and imaging are indicative of significant X and there is been a failure of three months of conservative treatment unless combined with an X. The documentation provided indicates that the injured worker has X pain that has not improved despite X. A recent physical exam documented reduced X, tenderness of the X can testing. An MRI of the X documented severe X with an increased signal at its attachment. The provider has indicated a diagnosis of a X and has recommended an X. Based on the documentation provided, the ODG would not support the requested X as there is no documentation of significant X on imaging. Therefore, the request is recommended for noncertification.”

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

The claimant is a X who was involved in X on X sustaining injury to X. The request is for coverage of X.

The requested procedures are extremely common to perform in a patient with longstanding X testing as well as underlying mild X. The X is a routine portion of a X, sometimes done for X to prevent continued and sometimes done simply for visualization during XX XX XX repair. In X, this case, based on the review of records submitted, the claimant meets the referenced Official Disability Guidelines (ODG) criteria for X for the requested X procedure. The records revealed that the claimant has X than X months of X care including X. The claimant meets subjective clinical findings of painful X and X pain. The claimant meets objective clinical findings including positive X signs, as documented in the medical records as “positive X.” There is documentation that an MRI of X dated X showed X and X, specifically a X The claimant had a recent MRI of X performed on X that showed findings of X and X as well as X of X.

Therefore, based on the ODG guidelines and criteria and the clinical documentation stated above, it is the professional opinion of this reviewer that the request for coverage of X is medically necessary and appropriate.

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

X

[kg/hp]

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information



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for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.