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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X MRI X dated X
Reports from Dr. X dated X
Physical therapy notes dated X
FCE dated X
Report from X, M.D. dated X
Report from X, D.C. dated X
DWC-69 form dated X
DWC-73 forms dated X
Preauthorization requests dated X
Peer review reports dated X
Notifications of adverse determination dated X

PATIENT CLINICAL HISTORY [SUMMARY]:

A X MRI X on X showed prior X surgery with contrast X. There was mild X noted. Dr. X examined the patient on X and was status post X, as well as X. X had a good response after the X and was currently in its "X". He recommended continued X. As of X, the patient had

attended X sessions of therapy, which X attended through the month. As of X, flexion was X degrees and X was performing X daily. As of X, X had been hurting X a little more recently and noted X felt a little more XX due to XX to XX to XX by X job. Dr. X followed-up with the patient on X. X still had very limited range of motion despite X. Just opening and closing and “mark way” of door at X level was practically impossible. Dr. X wondered if all the therapy was too much for the X and recommended going to therapy once a week. XX also felt X might need a X program. The patient then continued in therapy and on X, X still had a lot of X pain. A specialist wanted to rule out X involvement. Flexion was X degrees and abduction was X degrees. X was progressing slower than expected and continued therapy was recommended, which X did attend. X then underwent an FCE on X. X strength was X and flexion was X degrees, extension was X degrees, abduction was X degrees, internal rotation was X degrees, and external rotation was X degrees. X was inconsistent on X out of X categories tested, but X did not indicate symptom magnification. X was noted to have significant pain behaviors with testing and X had grimacing with effort at times. X was currently functioning in the medium PDL, which was X recommended safe PDL. Dr. X reexamined the patient on X and he recommended addressing possible X, as that could be a source of X pain. X were prescribed. As of X, X had improved after taking the X XX, but X had a lot of X symptoms. Dr. X noted once the XX were completed, they would see if X pain worsened again. A X and referral to XX disease was recommended. Dr. X saw the patient on X and felt X was

not at MMI, as X was currently being treated with XX and could possibly be a candidate for further treatment. Dr. X reexamined the patient on X. X had a lot of stiffness in the X, as well as X pain. It was noted X had a lot of problems in the X with the XX and X did not feel X had any relief in the X, not even temporarily. X was only X degrees and forward elevation was only to X degrees. X with X was recommended. On X and X, X provided adverse determinations for the requested X with X, X, and X.

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

The patient is a X year-old X who was reported to have sustained a work related injury on X. X has subsequently undergone X, X repair, and X. The medical documentation reviewed reveals the patient has undergone at least XX sessions of X program without any evidence of long-term improvement. X complaints have been significant pain and stiffness, which have not responded to extensive evaluation and treatment. An X performed on X documented positive X signs, inconsistent effort, and pain-related behaviors. The first X did not result in any significant benefit and Dr. X questioned the clinical response in his notes. The request was non-certified on initial review by X, D.O. on X. Dr. X non-certification was X on reconsideration/appeal by X, M.D. Both reviewers attempted peer-to-peer without success and cited the evidence based Official Disability Guidelines (ODG) as the basis of their opinions.

The evidence based ODG note that X is only indicated for primary X following failure of X management for at least X months. It should be noted that poor outcome from X following X does not justify recommendation. For primary X therapy lapsing at least X months, where range of motion remained significantly restricted, abduction less than X degrees, X can be considered, based on positive results from multiple low-quality studies. X may be effective for shortening the course of this self-limiting disease, but should only be considered when conservative treatment has failed. X has historically sometimes been performed sooner for primary X in an attempt to restore relatively early range of motion and function for an often protracted and frustrating condition. X) It should be noted that this is for primary XX XX only and it is not recommended following X surgery. The evidence based ODG do not recommend X, since the predominance of evidence fails to demonstrate any long-term advantage over conventional conservative treatment for X. Therefore, the requested X with X daily for five days, three times a week for two weeks, and two times a week for two weeks is not medically necessary, appropriate, or supported by the evidence based ODG and the previous adverse determinations should be at this time.

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

**ACOEM- AMERICAN 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)**