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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

XX: Physical Therapy Notes
XX: MRI XX
XX: Office Visit with XX, MD
XX : XX MRI
XX : Physician Work Activity Status Report
XX: Electrodiagnostic Results
XX: Office Visit with XX, MD
XX: UR by XX, DO
XX: Office Visit with XX, MD
XX: XX
XX : Follow-Up with XX, MD
XX : UR by XX, MD

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a XX year-old XX with a history of occupational injury on XX. Claimant was XX a XX-pound XX and experienced an onset of XX pain. The current diagnoses are documented as XX, XX, and XX.

XX: PT Note. Current Meds: XX, XX, XX-XX.

Describes the pain as XX. XX and occasional XX when not moving the XX. Symptoms radiate down to XX and XX. Symptoms occur constantly and during the day. XX describes as mild but improving. Aggravated by XX, XX and XX up to XX. Current XX. XX. XX. Decrease pain Initial:XX.

XX: PT Note. Pt reports less pain in XX. XX can perform activities of daily living independently. XX XX perform recreational activities independently. Pt reports they are performing their HEP daily. Overall progress: as expected. Pt reported benefit from the current treatment as noted by a reduction in symptoms. Pt reported decreased pain after skilled intervention.

XX: MRI XX XX. Impression- 1. Grade 2 strain involving XX division of the XX muscle. 2. Negative rotator cuff tear. 3. Labrum and biceps tendon appear intact. 4. Small fluid collection within the XX XX XX. 5. Trace XX joint effusion.

8/31/18: PT Note. Pt reports increased pain in L XX/XX joint with popping after doing pulling at work. XX can perform activities of daily living independently. XX XX XX recreational activities independently. Pt reports they are performing their HEP daily. Overall progress: as expected. Pt reported benefit from the current treatment as noted by a reduction in symptoms. Pt reported decreased pain after skilled intervention.

XX: PT Note. XX, XX, XX XX, XX. Pain XX

XX: Office Visit with Dr. XX. Continues to have XX pain, XX. Pain is aching and worsens with activity. It is over the

XX XX, XX aspects. XX has pain at night. XX XX Exam: Decreased XX. XX. There is negative empty can, negative XX, negative XX. Plan: continued limited duty. PT to work on XX. OTC XX for pain. XX is already on XX, I do not prescribe any XX.

XX : Current Meds: XX Pain 3/10, mostly over XX . Reports XX It XX symptoms are worsening since XX has been off work. It was feeling better when XX was moving it more. XX occasionally feels symptoms in the XX that radiates down to XX XX. Overall, XX symptoms improve with movement, and increase with rest. XX has not been at work because there is no modified duty, and was laid off from XX job. Reports doing XX HEP.

XX: PT Note. XX 15, XX 50. States It XX is feeling less sore today, XX. Pt reports no pain at rest, however it hurts deep in the entire XX) when XX does exertional work. Reports doing HEP.

XX : Office Visit with Dr. XX. Continues to have pain in XX, XX, and down XX XX XX. Today complaints are standing almost XX. Pain is worse today, 7/10. Sharp and is in XX XX, XX XX, and down the XX. XX shows tenderness to palpation, decreased strength, decreased XX, positive XX. XX XX shows globally limited strength and XX No XX, no XX. Plan MRI XX, EMG XX XX

XX : XX MRI. Impression-1.XX. 2.XX. 3. XX or developmental variant.

XX : Electrodiagnostic Results. XX XX with XX XX. Non-localizing XX XX. XX XX.

XX: Office Visit with Dr.XX. XX throughout the XX XX, throughout the XX. XX has decreased sensation. Decreased strength. Pain is 8/10, its in all XX. On physical examination of the XX, XX to palpation over the XX, positive XX, and a full ROM. XX examination, positive XX sign, positive XX, positive XX, and decreased sensation in all XX XX. Decreased grip strength and weakness with abduction of the XX. Treatment plan; XX release and XX XX tunnel release. I told XX some of XX pain is from XX XX possibly. MRI XX ordered. XX will be referred to pain management to evaluate XX XX and possibly inject XX. I told XX it is unclear how much of XX pain is due to XX XX entrapment versus XX XX. We will work on getting XX XX worked up. We will also get XX set up to have XX releases done in XX LUE.

XX: UR by Dr.XX. Rationale- Submitted documentation did not provide subjected findings of abnormal XX diagram scores, XX symptoms, or a positive XX Sign as recommended prior to a XX. There was no clear evidence the pt failed conservative care with greater than 1 month of activity modification, greater than 1 month of night XX, XX management, a XX program, or a successful XX injection to the XX to support a XX release. There was no clear evidence the patient has had 3 months conservative management with XX, XX, XX or XX to support XX release. Also, XX testing provided evidence of XX XX with is rules out other XX for this patient. As such, the medical necessity of this request was not established for this patient.

XX: Office Visit/ XX with Dr. XX s. Pt had a XX XX with greater than 70% relief. Continues to have pain in XX XX extremity. The pt is to get radiofrequency ablation of the XX XX to be followed by PT. XX extremity is being taken care of by Dr. XX pending any XX intervention.

XX: UR by Dr.XX . Rationale- This request was previously denied as there was no clear evidence that the patient has failed appropriate conservative care prior to the consideration of surgery and there is no evidence of XX on the XX testing not ruling out other XX for this patient. While there was no documented XX for the XX, the submitted documentation still did not provide evidence the patient has had the appropriate conservative management with XX, medication management, HEP, or decreased XX, XX, XX, or XX before consideration of a XX. As such, the medical necessity was not established for this patient.

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

The previous adverse decisions are Upheld. This patient sustained a work injury in XX. XX currently complains of XX

and XX in the XX XX, involving XX XX XX. XX has completed an XX study, which confirmed XX XX syndrome, a non-localizing XX of the XX XX, and XX XX . XX XX MRI demonstrated disc bugles at XX. XX completed XX XX with 70% pain relief. The treating physician has recommended XX and XX. This patient has electrodiagnostic evidence of XX syndrome, XX. It is unclear which factor is XX primary source of pain. 1. A diagnostic XX injection (XX) should be considered to address the XX. 2. According to the XX study, the location of the XX is not specific to the XX; the patient should also complete a XX injection prior to XX in this region. Therefore, the request for a XX XX release and XX XX is considered not medically necessary.

PER ODG XX

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)