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IRO Certificate #XX

DATE OF REVIEW: 03/12/19

IRO CASE NO. XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
XX XX scope with extensive debridement, arthroscopic XX XX repair, open XX XX, XX decompression, XX XX resection. XX, XX, XX, XX, XX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in Orthopedic Surgery.

REVIEW OUTCOME

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

Upheld	**(Agree) X**
Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY
Patient presents with XX XX pain beginning XX. Note states patient had no prior surgeries but surgical history shows there was XX XX surgery in XX. Patient was also noted to have had an anterior XX fusion. Xrays show fusion in the XX XX. Assessment was improved range of motion, flexibility and strength in the XX XX, per clinic note of XX.

Patient was then again seen at XX XX by XX. The chief complaint was XX XX pain. Note states patient had XX sessions of XX. XX was also noted to have a CT XX of XX XX. Examination showed tenderness in the XX joint, reduced range of motion of the XX XX, reduced strength of XX XX abduction. Diagnosis was XX XX XX XX XX and XX XX XX XX with radiculopathy. XX XX XX was injected with XX and it was recommended XX see a XX for muscle XX and XX.

Patient again seen at XX XX with XX XX pain. Patient was seen by XX. Note states patient had XX relief of XX XX pain after the injection. Note states XX had an EMG performed showing radiculopathy. Examination showed limited range of motion of and decreased strength in the XX XX. Diagnosis was XX XX XX XX XX with partial tearing status post XX XX reconstruction, and XX XX XX XX with radiculopathy. At that point it was recommended the patient have XX XX surgery performed. It was also recommended XX see XX XX.

PATIENT CLINICAL HISTORY SUMMARY (continuation)
Pre and Post Arthrographic CT was performed XX showing changes consistent with prior XX XX reconstruction. There is mild undersurface fraying and partial tearing of the XX and XX involving 10-15% of the tendons thicknesses. No full thickness XX XX tear noted. The XX is not high-riding. No XX XX atrophy appreciated. Patient was noted to have a laterally XX XX possibly causing impingement.

In summary, the patient presents with XX XX pain, stiffness and weakness, onset after a work injury in XX, s/p XX XX repair in XX. XX continues to have symptoms. CT arthrogram shows partial thickness tears of the XX and XX and XX lateral XX XX. Patient had temporary relief after steroid injection. Patient also appears to have a XX radiculopathy; does not say which side is affected. Patient did have XX therapy.

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

Opinion: I agree with the benefit company's decision to deny the requested service.

Rationale: I feel the imaging reviewed does not show a significant XX XX tear. There is no mention of pathology of the XX tendon. The XX lateral XX XX would not be a work related injury. The service requested for this patient is not medically necessary.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)