

Clear Resolutions Inc.

An Independent Review Organization

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Information Provided to the IRO for Review

- Clinical Records – XX
- Diagnostic Data – XX

Patient Clinical History (Summary)

XX. XX XX is a XX-year-old XX who injured XX XX XX on XX. XX was trying to XX XX XX when XX felt something pop inside the XX and was subsequently unable to raise XX XX. An MRI at the time disclosed a XX and 50% partial XX tear. XX. XX also had a history of an old injury to the XX XX in XX when XX XX and XX. The ongoing diagnosis was XX and XX of the XX XX.

Per a visit note dated by XX XX, MD, XX. XX presented for follow-up of XX XX XX. XX got almost complete relief of all the XX pain from the injection that Dr. XX had performed on XX, but the relief had lasted only for two days and XX symptoms subsequently returned. XX. XX had pain with XX use of the XX, and XX has pain that XX XX up at XX. Examination of the XX XX revealed a positive XX sign. There was a painful XX between 90° and 130°. There was tenderness in the XX. was 4/5 (weakness of abduction). XX was 4+/5. XX strength was 5/5. XX was 160. Active forward elevation was 130. Passive external rotation was 60. Internal rotation was 30. Dr. XX assessed that the XX was not healing on its own. XX. XX had appropriate conservative treatment including medications, activity modifications, XX, XX, and the XX of time. Additionally, the MRI disclosed clear pathology within the XX. Therefore, options for treatment were discussed, and XX. XX wished to proceed with surgery. Dr. XX saw XX. XX on XX for a follow-up. The MRI / XX had disclosed a persistent 50% XX but no clear evidence of a XX. XX symptoms had not improved and XX continued to have pain that woke XX up at XX and difficulty with XX reaching. XX XX examination noted a positive XX sign, painful XX between 90 and 130 degrees, and tenderness in the XX. The range of motion strength was unchanged. It was clear that the partial thickness XX was not healing on its own. XX. XX had exhausted all conservative treatment and wished to proceed with surgery, which Dr. XX felt was appropriate. Per a follow-up visit dated XX, Dr. XX had resubmitted XX. XX's surgical request XX. The surgery had again been noncertified by the carrier. Examination findings were unchanged. XX. XX was to continue XX ongoing limitations.

An XX XX of the XX XX done on XX identified XX anteriorly with mild adjacent XX; and moderate XX XX changes with moderate XX, especially in the XX, which may be related to XX. There was no visible labral tear and the cartilage surfaces were intact.

Treatment to date included medications, activity modifications, XX, and XX with almost complete relief which lasted for two days.

Per a letter dated XX, Dr. XX documented that XX. XX had a moderate grade XX that had failed all manner of conservative treatment. It had been XX months since XX injury and XX had extensive XX, injection. care, and had failed conservative management. Dr. XX had therefore recommended XX repair. The surgery was noncertified by the carrier citing peer review. Dr. XX had called the reviewer prior to the deadline, but XX was not available. Dr. XX further documented that XX. XX met all Official Disability Guidelines criteria for XX repair. XX physical findings were also consistent with the Official Disability Guidelines. Finally, XX. XX was a XX who used XX XX for XX-duty work, and XX wished to get back to that type of employment. There was no reason to deny the surgery simply because the reviewer was not available to take Dr. XX's call.

Per a letter dated XX, Dr. XX documented XX had been treating XX. XX for XX XX XX problem. XX. XX had injured XX XX on XX at work, and MRI had found a XX and 50% partial XX tear. Dr. XX opined that those tears were caused by the work injury. XX. XX had no prior problems with the XX, and XX symptoms of a XX tear developed immediately after the incident. On the MRI, there were no findings that would suggest chronicity of the tear. Dr. XX had reviewed Dr. XX report in which XX opined that all of the findings on the MRI were XX because XX. XX was XX years of age. Dr. XX noted that there was no evidence that XX. XX had any type of problem with the XX prior to the work injury.

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/22/19

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

The ODG supports XX XX repair for small full-thickness or partial-thickness XX XX when there is been a failure to improve after three months of XX, pain with XX, pain XX, weakness in XX XX, positive XX, temporary relief with XX, and evidence of at least partial deficit in XX on imaging without significant fatty XX. The documentation provided indicates that the injured worker has ongoing complaints of XX XX pain that interferes with XX and XX. Previous treatment has included medications, activity modification, XX, and a XX. A physical examination documented XX, pain with XX XX, and weakness in XX. An XX XX documented a XX. The treating provider has recommended a XX repair. Based on the documentation provided, the ODG would support the requested XX repair of the XX XX as the injured worker has ongoing complaints of XX pain which interferes with XX and XX, evidence of XX, pain with XX, and XX exam, and a partial deficit in XX on imaging. Therefore, the request is recommended for certification and is medically necessary.

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
- 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
- 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)

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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 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.