



**MEDICAL EVALUATORS
OF T E X A S ASO,LLC.**

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**Notice of Independent
Review Decision**

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 a board certified X

REVIEW OUTCOME

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

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X while X. It was
documented the claimant was diagnosed with X and X, X.

Results from X dated X documented the claimant X of the X with
the following X: "X and X suggesting it may be a X. X. X with a X."

Office Visit from X dated X documented the claimant presented
with a X. X finding included X appearance, X in the X; X: X with
pain; X on the X; X was X; and X. It was documented the claimant
was X of the way toward meeting the X requirements of X. It was
documented the claimant X, X, X, X and now wished to proceed
with X.

Prior Notice of Adverse Determination-WC Non-Network from The Hartford dated X denied the request for X, X stating "On behalf of The Hartford, X decided that the services or treatments described below are not medically necessary or appropriate. This means that we do not approve these services of treatment... Official Disability Guidelines states X is not recommended as an X as studies have shown outcomes for X have consistently been no better than conservative treatment. The X revealed X, X and X, and X. The progress note documented an X exam and X, X, X, and X. There was no documented evidence of X to support X outside of guidelines recommendations. As such X is non-certified. Official Disability Guidelines states a X is generally recommended for X after X. However, X for X is not recommended as an X as studies have shown outcomes for X have consistently been no better than X. X was not approved therefore the X is not needed. As such the request for X is non-certified."

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

The claimant is a X who was injured on X while X. It was documented the claimant was diagnosed with X and X, X. The request is for X.

According to the Official Disability Guidelines, X is not recommended as an X since best-evidence regarding X has consistently been no better than X for X, X, or in association with X. When pre-authorization is considered beyond these guidelines based on specific individual patient considerations, especially with other treatable X, then simple X is currently favored over X. X for X has historically included X, but has never been indicated for patients with X or X.

Guidelines recommend at X in the form of X, X, X, and X unless patients meet earlier X for other associated X.

In this case, the X revealed X, X and X, and X. The progress note documented an X exam and X, X, X, and X. Currently, the X denial

is being appealed. It appears a brief hand-written correspondence on a fax from the requesting provider indicates the patient has had X from X and X.

However, it remains relevant that X as an X is not supported by the evidence-based guidelines. There is no significant X or X on imaging. Furthermore, in the X since X, the patient is only X noted to have X, X, and X. This would not appear an X of X to warrant X at this X. Guidelines state treatment must be directed toward X with X and X to X. The current medical record X to establish a genuine attempt at such. X of X with X would be indicated in this case.

Therefore, based on the referenced evidence-based medical literatures, as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer that the request for X, X is not medically necessary and appropriate.

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

1. ODG by MCG. Shoulder Conditions. Surgery for Impingement Syndrome (Bursectomy, Debridement, Acromioplasty, Subacromial Decompression). Last review/update date: 02/12/2021