CPC Solutions
An Independent Review Organization
P. O. Box 121144*Phone Number:* *Fax Number:*
Arlington, TX 76012(855) 360-1445 (817) 385-9607
Email: @irosolutions.com

Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

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

☑ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part / Disagree in part)

Information Provided to the IRO for Review:

X

Patient Clinical History (Summary)

The patient is a X whose date of injury is X. The patient's hand was X and X shoulder was pulled. The patient X

CPC Solutions

Notice of Independent Review Decision

Case Number: X ***Date of Notice:*** X

X on X. As of X X had completed X. Office visit note dated X indicates that current medication is X. X is attending X. On physical examination X. Strength is X except X scapular elevation. Office visit note dated X indicates that pain level is X , worst pain X. X reports X resumed physical therapy on X and has X sessions left. X is X. On physical examination X. Strength is X except scapular elevation X. There is X. Diagnosis: full thickness rotator cuff tear, right and right shoulder pain.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. The initial request was non-certified noting that, "notes from the referring agency indicate that the claimant has been approved for X. The number of sessions requested when considered with the number of sessions already approved exceeds the course length of physical therapy recommended by the ODG for treatment of the claimant's diagnosis. No information is provided regarding the response to the most recent set of physical therapy sessions approved. There are no clear extenuating circumstances indicating why a transition to a home exercise program is not yet possible." The denial was upheld on appeal noting that, "In this case, claimant has X. X has had over X and flexion is only at X. Therefore, the request for the APPEAL X is not medically necessary." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The request for X would exceed guidelines. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. The patient has X.

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 um knowledgebase
- ☐ 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
- ☐ Internal 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
- ☐ TMF Screening Criteria Manual

☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)