

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X.

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a X with a history of an occupational claim on X. Progress notes were not provided in the records submitted for review. A determination letter dated X indicated the denial of a request for X. A second determination letter dated X indicated that the patient was injured while performing a X. The patient had complaints of right arm and shoulder pain with spasms and weakness, difficulty raising the arm, a pain level of X, and symptoms of X. It was noted that the patient underwent testing that indicated X. A functional capacity evaluation was performed, indicating a sedentary demand level, however, inconsistencies were noted to be present throughout the report. It was noted that the patient had X. Previous treatments were documented as X. The prior review dated X indicated the denial of a reconsideration request for X. This review pertains to the request for X.

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

Official Disability Guidelines conditionally recommend X. Guidelines indicate X when the patient has undergone an adequate and thorough X. Documentation should also be provided indicating that the patient is motivated to change and is willing to change their medication regimen.

The prior review dated X indicated the denial of a reconsideration request for X. Although a past review dated X indicates that the patient has continued pain, there is documentation that the patient expressed significant symptom magnification with submaximal effort during a functional capacity evaluation. Additionally, records containing progress notes and a multidisciplinary evaluation were not provided in the records submitted for review. As such, the denial of X is not medically appropriate.

SOURCE OF REVIEW CRITERIA:

- ACOEM – American College of Occupational & Environmental Medicine UM Knowledgebase
- AHRQ – 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 Judgment, Clinical Experience, and Expertise in Accordance with Accepted Medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG- Official Disability Guidelines & Treatment Guidelines
- Presley Reed, the Medical Disability Advisor

- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a Description)
- Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide a Description)

REVIEW OUTCOME:

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)