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Notice of Independent Review Decision
Amendment X
Amendment X

IRO Reviewer Report

Date notice sent to all parties:X; AmendmentX; Amendment X

IRO Case #:X

Description of the service or services in dispute: MRI of right shoulder arthrogram

Description of the qualifications for each physician or other health care provider who reviewed the decision: X

Review Outcome:

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

- Overturned Disagree
- Partially Overturned Agree in part/Disagree in part
- Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X worked as a X. The diagnosis was strain of muscle(s) and tendon(s) of the rotator cuff of right shoulder, subsequent encounter (X). X was seen by X, MD on X for right shoulder pain. X sustained a work-related injury on X. The pain was located over the right shoulder. X complained of pain with motion and weakness. The severity of the symptoms was moderate. The quality of the pain was sharp. Symptoms have worsened. On examination of the right shoulder, there was X. No sign of any infection was noted. The tissues were X. Range of motion revealed forward flexion of X degrees and abduction of X degrees. X was decreased with X. Mild X was noted. X was X. The diagnosis was rupture of right supraspinatus tendon, subsequent encounter. An MRI of the right arthrogram was ordered. On X, X was seen by Dr. X, MD for a follow of right shoulder pain. At the time, pain was located in the right shoulder. X had a rotator cuff repair on X by Dr. X. X stated that since the prior visit, the symptoms have not changed. At the time, X had pain with motion and weakness. The severity of symptoms was moderate. The quality of the pain was sharp. This problem was related to a workers comp injury. At the time, X was on modified duty. During prior visit, they ordered a diagnostic study, X was denied. An MRI of right shoulder dated X revealed a X. There was X. The X were poorly visualized. There was X in the X. Prior X was noted. Examination of the right shoulder revealed X. There were X. No signs of any infection were seen. The tissues were X. Range of motion showed forward flexion (FF) was X degrees and abduction X degrees. The X was decreased at X. X was X. X continued to have right shoulder pain and weakness. An X was denied, it was not entirely clear why additional diagnostic studies were required as the X. X was encouraged to a X. They ordered an X. X was released to modified work with no lifting, pushing, or pulling with the upper extremities. X was evaluated by X, MD on X for right shoulder complaints. X stated X went to Dr. X and they submitted a referral

for another X. X stated X had been doing X. X had limited ROM with flexion and extension. X rated pain X. On examination, blood pressure was 128/74 mmHg, weight 138 pounds and BMI was 25.24 kg/m². The examination of right shoulder revealed X. Movements were restricted with flexion, extension, abduction, adduction, passive elevation, and active elevation. The tenderness was noted in the X. X were X. X were X ruling out any pathology of the X. X were X. X was X. The assessment included X. Dr. X commented that X was unable to do a full assessment not unless X had an updated X. Treatment to date included medication (X on X, X Per a utilization review adverse determination letter dated X by X, MD, the request for an X was denied. Rationale: "The ODG supports X; Need for assessment of X. This claimant is status X on X and continues with moderate pain and weakness. Claimant had X performed on X. The examination on X noted X. It is not entirely clear why X are required as the X appears to visualize the X. As presented, medical necessity is not established. "Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "The ODG recommends X. In this circumstance, the injured worker previously X. On exam, they have X. A recent X on X documented a X. There is a request for X. Given that the most recent X, it is unclear why X is necessary. As such, X is noncertified. "Thoroughly reviewed provided records including peer Reviews. Dr. X requested an X to help further determine with patient if X should be considered. Though the patient had prior X. An X could provide better visualization of X. However, given that defect of the X may not be necessary. X is not medically necessary and non certified

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

Thoroughly reviewed provided records including peer Reviews. Dr. X requested an X to help further determine with patient if X should be considered. Though the patient had X. An X could provide better visualization of X. However, given that defect of the X may not be necessary. X is not medically necessary and non certified Upheld

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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**
- 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)**