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## Notice of Independent Review Decision

**DATE NOTICE SENT TO ALL PARTIES:** X

**IRO CASE #:** X

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

X.

**A 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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

X.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a X who sustained an industrial injury on X. A review of the medical records indicates that the injured worker is X. An MRI of the left shoulder dated X is recommended. An MRI of the left upper extremity dated X.

Previous treatment has included X. Previous X on X. Progress report dated X has the injured worker with left shoulder pain in the front and medially. X is unable to abduct or fully extend X arm. The exam reveals X. This is increased with X compressing X chest together. There is a X. X has X. X-rays of the shoulder are noted to show X. The treatment plan included X.

Progress report dated X has the injured worker with left shoulder pain. X is following up for a X. The mechanism of injury was X was X. The exam reveals X. This is increased with X compressing X chest together. There is a X. X has X. X-rays are noted to show X. The treatment plan included follow-up with imaging.

Progress report dated X. The exam reveals depression of the lateral aspect of X left pectoralis major at its insertion of the proximal humerus. This is

increased with X compressing X chest together. X has a X. X has X. The treatment plan included X. Progress report dated X has the injured worker with a X. X is seen to discuss X. The exam reveals significant X. Abduction of X arm causes reacted X. The treatment plan included X.

Operative report dated X was for the X. Order note dated X was for a X. Progress report dated X has the injured worker noting X has improved. The X helped. X does have some snapping superior to X shoulder which causes X pain. X pain level today is X. The exam reveals a X. X has X. X has tenderness over the X. The treatment plan included X.

Utilization Review Letter dated X non-certified the requested X. The rationale states since there was no evidence of A X, the request is not justified. Therefore, the request for X is not medically necessary. Utilization Review Letter dated X non-certified the requested X. The rationale stated that X has X. X underwent a X. X has been treated with X. However, there is no post-operative MRI provided. Therefore, the request is not medically necessary and is not certified.

Progress report dated X has the injured worker with left shoulder pain that is in the front. X feels the pain is worse and that X. The exam reveals a X. X has marked X. X has X. An MRI dated X is noted to show X. The treatment plan included an updated MRI.

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

As per ODG, "X"

This X sustained an industrial injury on X, is seeking authorization for X. X presented on X with left shoulder pain that is in the front. X feels the pain is worse and that X. The exam reveals a X. X has marked X. X has X. X is status X. However, the documentation provided for review did not include an X.

ODG Guidelines state that the pathology is to be corroborated by imaging studies for surgical procedures. Additionally, the requested X is not typically ODG supported in the absence of an associated rotator cuff surgery, as well as significant pain or functional impairment of the shoulder. The most recent exam from X has a treatment plan for an updated MRI. The requested X would be at least partially dependent on the findings on that requested MRI. Therefore, the X is not medically necessary.

**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 KNOWLEDGBASE**
- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**

**ODG- OFFICIAL DISABILITY GUIDELINES  
& TREATMENT GUIDELINES**

**PRESSLEY 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)**