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An Independent Review Organization
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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 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:

- 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. The biomechanics of the injury was not available in the records. The diagnosis was strain of unspecified muscle, fascia and tendon at the shoulder and upper arm level, right arm. On X, X, MD evaluated X for right shoulder pain. X stated that X pain was coming and going. On X last appointment, X was prescribed a X. X pain levels had improved. X described the pain as X. Symptoms were worse with daily activities. X stated that the pain interfered with work. X symptoms improved with X. X pain score was X. X pain and X. On examination, X blood pressure was 143/77 mmHg. Right shoulder examination revealed X. X was within X. X revealed X. X had X. There was X. An MRI of right shoulder dated X revealed X. X was ordered for the program and X was continued. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale for X: "ODG by X. A few, but not all, psychological evaluations are widely accepted, well-established diagnostic tests for X. Diagnostic evaluations should be selected to X. Psychosocial evaluations should be X. The diagnosis is for a sprain which is not a criteria that warrants a X. A work conditioning (WC) program should be considered X. During the peer-to-peer, X explained that the request is a standard assessment when X. No information was given by the provider that would change this recommendation. Therefore, X is not medically necessary." Rationale for X is not medically necessary. Therefore, X is not medically necessary. Rationale for X is not medically

necessary. Therefore, X is denied. "Per a reconsideration / utilization review adverse determination letter dated X, by X, MD, the request for X: X was denied. Rationale for X: "There was a previous determination. The request was deemed not medically necessary. ODG by MCG X. A few, but not all, psychological evaluations are widely accepted. well-established diagnostic tests for X. Diagnostic evaluations should be selected to X. Psychosocial evaluations should be individually considered to determine whether X. 'During the peer-to-peer, Dr. X reported patient is being evaluated for a X. The patient is not a candidate for a X. Therefore, X is upheld and not medically necessary." Rationale for X: "There was a previous determination. The request was deemed not medically necessary. ODG by MCG X. A few, but not all, psychological evaluations are widely accepted, well-established diagnostic tests for X. Diagnostic evaluations should be selected to X. Psychosocial evaluations should be X. During the peer-to-peer, Dr. X reported patient is being evaluated for a X. The patient is not a candidate for a X. Therefore, X is upheld and not medically necessary." Rationale for X: "There was a previous determination. The request was deemed not medically necessary. ODG by MCG X "X. A few, but not all, psychological evaluations are widely accepted, well-established diagnostic tests for selected X. Diagnostic evaluations should be selected X. Psychosocial evaluations should be individually considered to determine whether X. During the peer-to-peer, Dr. X reported patient is being evaluated for a X. The patient is not a candidate for a X. Therefore, X is upheld and not medically necessary." Previous non-cert of X upheld. Sprain/Strain X months post-injury is X. Cover sheet with medical necessity statements have no psychological factors checked. Statement in records include X. It appears as though X has not been prescribed X. There are no reports of X. Previous Peer-to-Peer conversations regarding psychological evaluation appear to not include X. Correlation between X injury and X. X are not medically necessary and non certified

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

Previous X upheld. Sprain/Strain X months post-injury is X. Cover sheet with medical necessity statements have no psychological factors checked. Statement in records include X). It appears as though X has not been prescribed X. There are no reports of X. Previous Peer-to-Peer conversations regarding psychological evaluation appear to not X non-certified. X are 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
- 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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL