



**MEDICAL EVALUATORS
OF T E X A S ASO, L.L.C.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: X

DATE OF AMENDED REPORT: 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

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:

X.

Diagnostic studies:

X.

Surgeries:

X.

Conservative Treatment:

X.



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Medications:

X.

Progress notes:

X.

Denial Letter:

Denial Letter dated X denied the request for X for the left shoulder stating, "Please see the attached physician reviewer report for a detailed explanation of the reason for this decision, the medical treatment guidelines that were used to make the decision and other details related to this request for medical treatment." The Peer Review Report states, "In this case, the claimant has pain and breakaway weakness. Guidelines recommend X sessions for this condition. Due to TX law and the inability to have a peer to peer and agree on a modification with the physician, this request is non-certified. Therefore, APPEAL X

for the left shoulder is not medically necessary... In this case, claimant has pain and breakaway weakness. Guidelines recommend X sessions for this condition. Due to TX law and the inability to have a peer to peer and agree on a modification with the physician, this request is non-certified. Therefore, APPEAL X for the cervical spine is not medically necessary."

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

The ODG Guidelines recommends a single episode of X. The medical records do not document any relevant clinical findings which meet the criteria for an extra course of treatment with X. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request for X for the left shoulder is not medically necessary.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES