

Notice of Independent Review Decision  
Amended and Sent on X

**DATE OF REVIEW: X**

**Date of Amended Decision: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]:**

The claimant is a X who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of X.

In a Utilization Review (UR) report dated X, the claims administrator failed to approve the request for X. The claims administrator alluded to the claimant's having X.

Xon X was notable for X.

On X, the claimant presented with X shoulder pain complaints, exacerbated by activity, and alleviated by rest. The claimant's medication list is comprised of X. The claimant's past medical history was notable for X. The claimant's BMI was X. X of X were noted about the right shoulder. The claimant reportedly

exhibited full shoulder range of motion. The claimant was diagnosed with a sprain of the right shoulder. MRI imaging of the right shoulder was espoused. The claimant was advised to X. The claimant was returned to regular duty work.

On an encounter dated X, the claimant received a X. On an encounter dated X, the claimant received an X.

On X, the attending provider acknowledged that X had "not seemed to provide much relief." An orthopedic consultation was espoused. The claimant was advised to consult with an orthopedist.

On X, an orthopedic consultant espoused pursuit of an X.

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

Per ODG references, the requested "X" are not medically necessary.

The claimant had received extensive prior care (at least X) through X, i.e., care in excess of the X.

ODG further stipulates that the frequency of treatment should be tapered or faded over time, so as to facilitate a claimant's transition to an independent home exercise program and also stipulates in its Chronic Pain Chapter Functional Improvement Measures topic that functional improvement measures should be invoked repeatedly over the course of the treatment so as to demonstrate progress in terms of return to functionality and to justify further use of ongoing treatment methods. Here, however, it was unclear why the claimant is incapable of transitioning to an independent self-management program or a home exercise program after receipt of at least X. The claimant's response to prior treatment was not, moreover, seemingly favorable, with the attending provider acknowledging on X, that X "had not seemed to provide much relief." An orthopedic consultant also asserted on X that the claimant had X. Additional X was not indicated or appropriate in this context. Therefore, the request for 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 KNOWLEDGE BASE
- AHCPR- 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