

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

Date of Notice: X

Amended Date:
X

TX IRO Case #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]: This review involves a X who sustained a work related injury on X. The mechanism of injury was described as X. Based on the associated clinical information provided for this review, the claimant presented with complaints of right shoulder pain. The pain was rated as X. The physical findings were noted as X. Magnetic resonance imaging (MRI) of the right shoulder revealed questionable X. The requested treatment was for a X.

On X, the request was denied based on a lack of documentation that the claimant has had a X.

On X, the appeal review upheld the decision for the request of a X.

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

The Official Disability Guidelines (ODG) indicates that X. The ODG guidelines also indicate that X. The clinical information does not support that the claimant has X in accordance the ODG criteria or other standard criteria.

Therefore, without documentation of X is not supported. As such, the request for X is non-certified.

SOURCE OF REVIEW CRITERIA:

- 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
- 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)

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)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X