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Notice of Independent Review Decision
Amended Report X

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 undergoing treatment for X. Per the progress note dated X, the injured worker was reported to be on restricted duty.

The X x-rays of the right shoulder have findings of X. The X X.

Previous treatment has included X. Progress report dated X is missing the first page(s). The exam reveals X. The range of motion is abduction X, flexion X, external rotation X, internal rotation X, and extension X. There is X. Impingement is X. X is X. X is X. The treatment plan included X.

Physical Therapy Evaluation dated X has the injured worker with pain in the right knee and right shoulder. X has stabbing pain rated at X at rest and can increase to X when using the shoulder or walking too much. The exam reveals a X. The range of motion is flexion X and abduction X with adduction, internal rotation, and external rotation within normal limits. The strength is X in flexion, abduction, internal

rotation, and external rotation. X are X. There is X. The treatment plan included X.

Progress report dated X is of poor copy quality. X has right shoulder pain that is rated X. There is some tingling and radiating from the right shoulder down to the right hand. X is taking X as needed. The pain has decreased overall since the previous visit. X feels a popping sensation when X lifts the arm. The exam reveals the X. The range of motion in abduction increased X degrees, flexion increased (cut off), internal rotation increased X degrees, and external rotation remained the same. X is improving. X is X. The treatment plan included over-the-counter medications as needed, continuation of X, complete the MRI, and follow-up.

Progress report dated X has the injured worker with right shoulder pain that is rated X with pain from the right shoulder down to X right hand. X hears a popping sound when X raises X right arm. The exam reveals X. The X. The X is improving. The X is X. The treatment plan was cut off of the report. X dated X has this as visit #X. X presents with stabbing pain in the right shoulder rated at X at rest and can increase to X when using the shoulder. The exam reveals clicking and popping with all overhead movement. Significant shoulder hiking is still evident. The range of motion is flexion X and abduction X with adduction, internal rotation, and external rotation within normal limits. The strength is X in flexion, abduction, internal

rotation, and external rotation. X are all X. There is X. The treatment plan is X.

Progress report dated X has the injured worker with right shoulder pain that is rated X. There is radiating pain down X arm. The exam reveals X. The X. The X. The X is X. The treatment plan included over-the- X. Progress report dated X has the injured worker with right shoulder pain that remains at X. X range of motion is a little better. The exam reveals X. X have increased, and X. X is X. X is X. The treatment plan included X.

Physical therapy follow-up evaluation dated X has the total number of X. X has shoulder pain rated at X and can increase to X. The exam reveals active range of motion of (right/left) flexion X, abduction X, adduction within normal limits/ within normal limits, internal rotation within normal limits/within normal limits, and external rotation X within normal limits. Strength is X in right flexion, abduction, and external rotation and X in right internal rotation. There is X. The plan of care is X. Progress report dated X has the injured worker with right shoulder pain rated at X. There is intermittent throbbing in the shoulder. The pain radiates down X arm. There is "popping" with range of motion. The right shoulder exam reveals tenderness anteriorly that remains the same. The range of motion remained the same. X is X. X is X. The treatment plan included X. Progress report dated X has the injured worker with pain in the right shoulder that is rated at

X, intermittent throbbing, and some radiation of pain down the right arm. X denies numbness or tingling. Overall, the symptoms have remained the same. The pain level has remained the same. The exam reveals X. The range of motion in abduction, flexion, internal rotation, and external rotation have remained the same. X is X. X is X. The MR arthrogram of the right shoulder dated X is noted to X. The treatment plan included X.

Therapy prescription dated X has the injured worker with pain in the right shoulder rated at X. X has intermittent throbbing with some radiation of pain down the right arm. X denies any numbness or tingling. X has yet to hear on the ortho referral. The exam reveals a X. The treatment plan included X. Progress report dated X has the injured worker with right shoulder pain that is rated at X with intermittent throbbing and some radiation of pain down the right arm. Overall, the symptoms have remained the same. The exam reveals X. The range of motion in abduction, flexion, internal rotation, and external rotation have remained the same. X is X. X is X. The treatment plan included X.

Progress report dated X has the injured worker with right shoulder pain rated at X. There is intermittent tingling and radiating pain down X arm to the thumb and 2nd digit. X was seen by ortho on X, X and they are requesting X. The exam reveals X. The range of

motion has remained the same. X weak X. X is X. The treatment plan included X.

The utilization review dated X modified the X. The rationale stated some X. It is reasonable for some X. As such, the provider agreed to modify the request for X. The utilization review dated X non-certified the X. The rationale states the claimant has received prior X. The utilization review dated X non-certified the requested X. The rationale stated X has had X. X would be in excess of the guidelines. Also, with documentation of symptoms and objective findings remaining the same and a return to regular work activity has not occurred, it appears that significant overall functional improvement has not been achieved from the X.

The utilization review dated X non-certified the appeal of the X. The rationale states the request has exceeded the guideline recommendation. The claimant should be well versed in a X. The utilization review dated X non-certified the X. The rationale states the claimant has attended what should have been a reasonable number of X. There is no evidence that the claimant is unable to X.

**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 pain in the right shoulder that is rated at X, intermittent throbbing, and some radiation of pain down the right arm. X denies numbness or tingling. Overall, the symptoms have remained the same. The pain level has remained the same. The exam reveals tenderness anterior that has remained the same. The range of motion in abduction, flexion, internal rotation, and external rotation have remained the same. X is X. X is X. X has attended X. Follow-up report from X noted right shoulder pain rated at X. There is intermittent tingling and radiating pain down X arm to the thumb and 2nd digit. X was seen by ortho on X, X and they are requesting X. The exam reveals X. The range of motion has remained the same. X weak X. X is X.

However, detailed documentation is not evident regarding sustained functional improvement with the previously X. The progressive examinations did not show a X. Additionally, there is limited documentation of clinical issues that do not appear to be able to be addressed by X. The rationale for other than a prescribed and self-administered protocol is not demonstrated at this time. Moreover, the orthopedic provider is recommending X. The rationale is not evident for the need for X. No compelling rationale is presented, or extenuating circumstances noted to

support the medical necessity of this request as an exception. Therefore, 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 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 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)**