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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: 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

1. X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This member is a X for whom authorization and coverage was requested for X. The Carrier denied coverage for these services on the basis that these services are not medically necessary for treatment of the member's condition.

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

The Maximus physician consultant explained that a review of the records indicated the member was being treated for a X. Conservative treatment included X.

The Maximus physician consultant indicated that the X magnetic resonance imaging (MRI) of the cervical spine, as noted on the X examination, demonstrated X.

The Maximus physician consultant noted that the X MRI of the X, as noted on the X examination, was read as “limited due to pulsation artifact” but with the limitation there is no evidence of X. The provider reviewed the study as the imaging technique utilized provides a very limited assessment of the X and unfortunately does not image the X well on either side.

The Maximus physician consultant indicated that the X electrodiagnostic study, as noted on the X examination, to be read as X.

The Maximus physician consultant noted that the X MRI of the right shoulder, as noted on the X examination, showed evidence of X.

The Maximus physician consultant indicated that the X x-rays of the X, as noted on the X examination, demonstrated symmetric appearing and well-reduced X.

The Maximus physician consultant noted that the X treating physician report cites the member’s symptoms are relatively unchanged except that the frequency of X has decreased. The member has received X. The member’s X has been stable for many months and has not had a dislocation event in a long time. The joint does feel like it needs to pop all the time. The member’s primary complaint at this time is X. The member is markedly tender over the X. The member has X. It is not possible to perform a X because of the member’s X, but X has classic findings for X. The member had an electrodiagnostic study done in X which was read as X. The cervical examination

revealed a X. The X is markedly tender on the right. The X is painful on the right. The X is markedly tender. The X is markedly tender and X is moderately tender. The right shoulder examination revealed obvious X. True X is X degrees on the right and X degrees on the left, forward flexion is X degrees on the right with dystonic contraction and X degrees on the left, external rotation with arm at side is X degrees on the right with dystonic contraction and X degrees on the left. The X are all markedly tender. The X are moderately tender. X is moderately painful. X is moderately painful. The plan included a comprehensive electrodiagnostic study to specifically look at the X.

The Maximus physician consultant explained that as per the Official Disability guidelines (ODG), “Criteria for X requires 3 or more of the following: Pain in shoulder and/or neck; Numbness, weakness, and/or coldness in fingers; - X in the medial forearm or ulnar digits; X of X muscle”.

The Maximus physician consultant noted that the member presented noting that X symptoms were relatively unchanged with previous diagnostic imaging studies that were relatively benign for X on the right. Moreover, the noted diagnostic imaging studies corroborate other plausible etiologies of the member’s pain. Without progression of neurological deficits or significant change in the symptoms, repeat electrodiagnostic testing is not supported. No compelling rationale is presented or extenuating circumstances noted to support the medical necessity of this request as an exception.

The Maximus physician consultant indicated that as per the ODG, “X is not recommended for any of the following: Arm pain; Carpal tunnel syndrome; Fibromyalgia; Maintenance treatment for any condition; Osteoarthritis of joints other than knee or hip; Postoperative pain”. However, the member has had X with noted short-term benefits. Additionally, the ODG guidelines do not recommend X for arm pain. No compelling rationale is presented or extenuating circumstances noted to support the medical necessity of this request as an exception.

Therefore, I have determined that authorization and coverage for X is not medically necessary for treatment of the member’s condition.

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)**