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An Independent Review Organization
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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 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:

- Overturned Disagree
- Partially Overturned Agree in part/Disagree in part
- Upheld Agree

Pure Resolutions LLC

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X stated X was at work and “X. X X. X did not seek immediate medical attention and continued to work with significant pain for the next X months after which X went to urgent care. The diagnosis was superior glenoid labrum lesion of left shoulder, osteolysis of acromial end of left clavicle, left shoulder impingement, and loose body in left shoulder.

X, MD evaluated X on X for the chief complaint of left shoulder pain. X fell at work and caught X. X MRI showed X. Clinical examination of left shoulder showed X. X had a painful arc of range of motion of X degrees to X degrees. X had good X noted clinically. X had X noted clinically. Review of MRI showed X. Dr. X recommended X. Dr. X also recommended X. On X, X presented to Dr. X for a recheck of shoulder pain described as being in the left shoulder. It started after X work-related injury on X. X had a X. X continued to have pain despite conservative management. X did not help at all. On clinical examination of the left shoulder, X had positive X. X had positive X. X had positive X. The assessment was X. Dr. X recommended X. X would be scheduled once surgery was approved. X would be kept off work for the upcoming X weeks. X was recommended. Dr. X noted that X had X. X felt like X was making it worse.

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An MRI of the left shoulder dated X. There was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the prospective request for X was denied by X, MD. Rationale: "Regarding X, the Official Disability Guidelines stated that X. X is recommended for impingement syndrome when all the listed criteria are met including having significant pain or functional impairment, lack of improvement with X. X is recommended for X. Per a review of the medical report and cited guidelines, the request is not warranted. Cited guidelines support X. The claimant had X. Their MRI demonstrated X. The request is not reasonable as there was no imaging evidence of X. Given the above information, the prospective request for X is non-certified.

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "The prior request for X was noncertified on X since there was no imaging evidence of X. In the appeal letter dated X, the provider stated that the claimant met the criteria for X. They had X. Based on the medical records, the claimant sustained an injury when they X. They were diagnosed with a superior glenoid labrum lesion of the left shoulder, osteolysis of the acromial end of the left clavicle, left shoulder bursitis, loose body in the left shoulder, and left shoulder impingement. Their current work status was undisclosed. The MRI of the left shoulder dated X. Per the progress report dated X, the claimant continued to have left shoulder pain despite X. The review of systems revealed X. The physical examination of the left shoulder showed a X. They had X. There was X. They were also

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noted to have X. The provider is appealing the prior determination at this time. Regarding X, the Official Disability Guidelines stated that X. X is recommended for those with X. X is recommended for X. X is recommended for X. Upon the review of the submitted records, it appears that the prior non-certification was appropriate. The guidelines stated that X. The claimant reported persistent left shoulder pain despite being treated X. They were noted to have X. However, based on the MRI imaging report, there was no evidence of a X. Therefore, the appeal request for X is non-certified.

The claimant has continued with pain at the left shoulder despite non-operative measures to date. The claimant's physical exam findings did note indications for a X. However, review of the left shoulder MRI report from X. There was no evidence of significant X. Therefore, it is this reviewer's opinion that medical necessity for the requests is not established and the prior denials are upheld. X is not medically necessary and non-certified.

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

The claimant has continued with pain at the left shoulder despite non-operative measures to date. The claimant's physical exam findings did note indications for a X. However, review of the left shoulder MRI report from X. There was no evidence of X. Therefore, it is this reviewer's opinion that medical necessity for the requests is not established and the prior denials are upheld. X is not medically necessary and non-certified. Upheld

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

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE