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Notice of Independent Review Decision

IRO Reviewer Report

X; amended X

IRO Case #: X

Description of service to 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

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

All of the listed records were reviewed.

The member is a X individual who sustained an injury on X. The member sustained an injury X.

The member was diagnosed with the strain of muscle and tendon of the rotator cuff of the left shoulder, initial encounter, pain in the left shoulder, impingement syndrome of the left shoulder, and bursitis of the left shoulder.

According to the Physical Therapy Progress Note by X, P.T. dated X, the claimant had progressed slower than expected due to limited range of motion in flexion and strength decrease. The claimant tolerated the current treatment well with no adverse reaction. The claimant reached X of function goal the this visit. The claimant reported being unable to participate fully in one or more community or life events due to impairments associated with current injury. The treatment plan was X.

A magnetic resonance imaging of the left shoulder performed on X, documented 1. X. X. 3. X. 4. X. 5. X. 6. X. 7. X. Mild joint fluid.

On X, the claimant was seen by X, N.P. for recheck of left shoulder strain. The symptoms were worsening and occurred frequently, and the pain was located in the left anterior shoulder and left lateral shoulder. The pain was described as stinging in nature, and associated symptoms included stiffness. Exacerbating factors included shoulder movement, shoulder rotation, arm elevation, lifting, overhead use and repetitive use. The claimant had been working regular duty. The physical examination of the left shoulder showed X. The active range of motion showed forward flexion and abduction of X degrees with pain. Bilateral deep tendon reflexes were X. The diagnoses were sprain of left shoulder, traumatic incomplete tear of left rotator cuff. The treatment plan was X. The work status plan was return to work with X.

On X, the claimant was seen by X, M.D. for left shoulder pain. The pain was rated a X, and described as burning, constant, moderate, popping/clicking, and caused by lifting. The pain was alleviated with X, and aggravated by lifting, pushing/pulling, and overhead motion and reaching. The physical examination of the shoulder showed X. The diagnoses were pain in left shoulder, unspecified injury, impingement syndrome of left shoulder, bursitis of left shoulder, and strain of muscles

and tendons of the rotator cuff of left shoulder. The treatment plan included X.

According to the referral note dated X, the case summary stated that the member had a progress note dated X, including a subjective complaint of left-sided shoulder pain. Pain is rated at X. Symptoms are aggravated with lifting, pushing/pulling, and overhead use. There has been a benefit from a X. Physical examination of the left shoulder reveals X. There was a X. A neurovascular examination was X. Magnetic resonance imaging of the left shoulder, dated X, reveals X. Possible signs of X were noted.

According to a peer review dated X, the treatment request, which was X, X, was not approved since it was not medically necessary or appropriate.

According to the referral note dated X, the claimant reported of left shoulder pain. Left shoulder examination revealed X. There was X. An X-ray of left shoulder revealed X. Magnetic resonance imaging of left shoulder revealed X. There was X. X was noted. X was noted. Considered X was noted. X was noted. There was lack of clinical findings in the note. Examination of the left shoulder was not sufficiently provided. Although it was noted the claimant re-injured the left shoulder, there was no evidence the claimant attended X. Thus, a request for Appeal for X, was not medically necessary.

According to a peer review dated X, the recommended prospective request for one appeal for X.

According to the peer-review dated X, appeal for X.

1. X.

Upheld

In this case, the member had an injury to the left shoulder on X. The member was diagnosed with the strain of muscle and tendon of the rotator cuff of the left shoulder, initial encounter, pain in the left

shoulder, impingement syndrome of the left shoulder, and bursitis of the left shoulder. The member complained of left-sided shoulder pain. Pain is rated at X. Symptoms are aggravated with lifting, pushing/pulling, and overhead use. There has been a benefit from a X, X, and X. Physical examination of the left shoulder reveals X. There was a positive X. A neurovascular examination was X. Magnetic resonance imaging of the left shoulder, dated X, reveals X. Possible signs of X were noted. Per the X denial, the member has already received an X. The additional records provided do not provide any additional detail regarding any X. Given that it has been X since the time of injury, the minimum X. As such, 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:

X