

## Independent Review Organization (IRO) Notice of Decision Template WC

**IRO**

**Reviewer**

**Report X**

**IRO Case number:**

X

**Description of the services in dispute:**

X

**Description of the qualifications for each physician or 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)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

## **Information provided to the**

**IRO for review X**

### **Patient clinical history**

X, date of birth X, is a X individual diagnosed with cervical sprain/strain and seeking coverage for X. X date of injury is X. The claimant was X. Per the summary of records in the X Peer Review Report, "The claimant reports left shoulder and left neck pain. Pain rated X to X. The claimant is unable to work. Feels dull, numb, constant, did not exist prior to the injury. The pain does radiate into X scapular area and gives headaches. It is intermittent. Made worse by activities of daily live. Physical exam on most recent report dated X: Musculoskeletal: Range of motion of the cervical spine is decreased by X. X has good bilateral hand grips. X has X noted on palpation. X is able to abduct X left upper extremity to X degrees place X left hand behind X head. X is unable to place X left hand behind X back. Treatment to date includes X. Diagnostic imaging reviewed: MRI of the cervical spine without contrast X: No acute traumatic pathology such as fracture, marrow edema or ligamentous injury. No suspicious bony lesion or vertebral body height loss.

Congenitally X: Moderate to severe X. Alignment: X. X. Cervical straightening. Minimal X. MRI left shoulder without contrast X: Mild-moderate X. X is seen. X."

**Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision**



- 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)