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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW:

IRO CASE #:

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

Physician, board certified in 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]:

TX case concerns a X who has requested authorization and coverage for X. The Carrier denied tX request on the basis that these services are not medically necessary for treatment of the member's condition.

A progress noted dated X indicated that the member presented for follow up of X left shoulder. It noted that the member's left shoulder has been bothering X since X when X was lifting a bag over X shoulder height. It indicated that the member then tried to lift a second bag and was unable to do it. It noted that new 4 view x-rays of X shoulder were obtained which showed. It indicated that on physical examination (exam) the member remained tender over X distal clavicle and had pain with cross body adduction. It noted that the member has X. It indicated that the member's symptoms remain unchanged and X is unable to perform X job duties because of pain. It noted that the member continues to experience severe pain with overhead activities and reaching across X body. It indicated that at tX time it is best the member be treated with a X.

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

The Maximus physician consultant noted that the member was being treated for left shoulder. The member presented with presents with complaints of pain in the left foot and leg, characterized by swelling, hyperesthesia, and allodynia. The pain is reported to be exacerbated despite previous treatments.

The Maximus physician consultant indicated that conservative treatment included X. The X magnetic resonance imaging of the left shoulder has X. The X treating physician report cites difficulty with pain and popping in X shoulder since the injury on X. The member was provided with a X in the left shoulder at X last appointment on X. The member is working on home exercises. The member did not notice any improvement in X symptoms with X. The exam revealed X. The range of motion is forward flexion X, external rotation X, and abduction X. Pain with testing of the rotator cuff and cross-body adduction. There is a X. The treatment plan included X.

The Maximus physician consultant noted that the X treating physician report cites continued pain that is the same in the left shoulder directly over X. The examination (exam) revealed tenderness to palpation over the X. The range of motion is forward flexion X, external rotation X, and abduction X. Pain with testing of the rotator cuff and cross-body adduction. There was a palpable "cluck" over the X. The member was provided with X.

The Maximus physician consultant indicated that the X treating physician report cited left shoulder symptoms since X when X felt a pop and pain in X shoulder. The member was provided with X on X. The member reported that X pain remains relatively unchanged with continued pain in the shoulder directly over X. The exam revealed tenderness to palpation over the X. The range of motion is forward flexion X, external rotation X, and abduction X. Speed's, Hawkin's, and cross-body adduction were X. The treatment plan included a X.

The Maximus physician consultant noted that the X treating physician report cited persistent left shoulder pain and lack of progress with return to work. The exam revealed tenderness to palpation over the X. The range of motion is forward flexion X, external rotation X, and abduction X. Speed's, Hawkin's, and cross-body adduction were X. X-rays were obtained and showed X. The treatment plan included X.

The Maximus physician consultant indicated that as per Official Disability Guidelines (ODG), "ODG Indications for Surgery X.

The Maximus physician consultant noted that as per ODG, "ODG Indications for Surgery -- X.

The Maximus physician consultant indicated that the member has tried and failed X. There has been no improvement in X range of motion and has not been able to return to work. The diagnostic imaging studies X. Therefore, the requested X is medically necessary for the treatment of the member's condition.

Therefore, the requested X is medically necessary for the 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**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**