

Applied Resolutions LLC

Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amendment X

Applied Resolutions LLC
An Independent Review Organization
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Notice of Independent Review Decision
Amendment X

IRO REVIEWER REPORT

Date: X; Amendment 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

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Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X. X was X. The diagnosis was pain in right shoulder and sprain of right acromioclavicular joint.

On X, X, MD evaluated X for right shoulder pain. X was almost X months right shoulder acromioclavicular joint (ACJ) pain in a degenerative joint and cuff was fine clinically on MRI. X presented with mild-to-moderate activity related pain in his right shoulder. X was requested but denied due to lack of medical necessity and could not be appealed due to X days past appealing, needed a X request. X was taking X as needed and was working light duty at the time. X complained of right shoulder pain, rated X and pain occurring with activity predominantly during the morning daytime and evening. X denied any previous extremity problems. X was working restricted capacity. X helped the symptoms. On examination, grip on the left was X pounds and right was X pounds. Right shoulder range of motion revealed elevation to X degrees (active) and X degrees (passive), external rotation to X degrees (passive), external rotation in abduction to X degrees (passive), and cross-body adduction was normal (passive). Right shoulder strength was X in supraspinatus and infraspinatus manual motor power. There was X. Provocative test was X. X was requested but denied due to lack of medical necessity and could not be appealed due to a X days past appealing, and needed a new X

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request. X had X was requested.

An MRI of right shoulder dated X revealed X. There was X. There was X. There was X. Please correlate with clinical and laboratory findings to exclude possibility of a X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "The records submitted for review would not support the requested X as reasonable or necessary. The claimant's imaging for the right shoulder only noted X. The current physical exam also did not detail clinical findings concerning for X. Given the limited clinical findings to support the requested X, certification is not recommended."

Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "'ODG by MCG Last review/update date: X. ODG Criteria ODG Indications for X: X: X. Not recommended for X. 1. X: Recommend at least X. PLUS 2. X. PLUS 3. X. PLUS 4. X: X. X: X. X are not recommended. X. X. X: Recommend at least X months. Most patients with type X. PLUS 2. X. PLUS 3. X: X. PLUS 5. X. PLUS 6. X. 7. X: X. 8. Work status: Surgery should be carefully considered with shared decision-making due to expected significant prolongation of return-to-work compared to conservative options." All of the listed records were reviewed. The patient is a X individual who sustained an injury on X. The patient was diagnosed with pain in the right shoulder and a sprain of the right acromioclavicular joint. The

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patient reports continued pain in the right shoulder with associated numbness and weakness in grip. On X, MRI of the Right Shoulder revealed X. OS acromiale and mild osteoarthritis of the AC joint with a X. There is X. Heterogeneous bone marrow signal especially in the proximal humeral diaphysis for probable prominent red marrow type changes. Physical examination revealed limited ROM. X strength. X in the AC joint. X guarding. The patient is being recommended for X. However, MRI only shows evidence of X. There is no evidence with confirmed documentation that X. Additional information is needed. Therefore, medical necessity has not been established. Therefore, the request for X is upheld and non-certified.

Based on the submitted documentation, the requested X is not medically necessary. The submitted imaging report only indicates X. The submitted records do not demonstrate an examination consistent with X. Furthermore, there is no documentation provided to demonstrate that the claimant has attempted an X. No new information has been provided which would overturn the previous denial 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:

Based on the submitted documentation, the requested X is not medically necessary. The submitted imaging report only indicates X. The submitted records do not demonstrate an examination consistent with X. Furthermore, there is no documentation provided to demonstrate that the claimant has attempted an X. No new information has been

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provided which would overturn the previous denial. X is not medically necessary and non-certified.

Upheld

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

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- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE