

**Core 400 LLC**

***Notice of Independent Review Decision***

Case Number: X

Date of Notice: X; Amendment X

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**Core 400 LLC**

**An Independent Review Organization**

**3616 Far West Blvd Ste 117-501 C4**

**Austin, TX 78731**

**Phone: (512) 772-2865**

**Fax: (512) 551-0630**

**Email: [@core400.com](mailto:@core400.com)**

***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)

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- Partially Overtuned (Agree in part/Disagree in part)
- Upheld (Agree)

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 [SUMMARY]:** X is a X who was injured at work on "X." X was climbing down from X. The diagnosis was complete tear of right rotator cuff, unspecified whether traumatic (primary) [M75.121] .On X, X was seen by X, MD for a follow up for right shoulder pain. X had stiffness at the prior visit, so X was recommended. X returned with minimal pain in the shoulder. X had been working with X. X was still unable to lift or do X regular duties at work. X was interested in X. X latest HbA1c in X was X. X body mass index was 30.82 kg/m<sup>2</sup>. On examination, X was not in acute distress. The right shoulder examination revealed X. The range of motion revealed elevation was X degrees bilaterally, external rotation was X degrees bilaterally, internal rotation to X bilaterally and extension was X bilaterally. The strength at deltoid was X bilaterally, right supraspinatus X with pain, and at external rotation on right was X. Empty can sign was X, Drop arm sign was X, Lift off test was X. X presented for a follow-up of X painful shoulder. Per the note, an MRI of the right shoulder dated X showed X. At the prior visit, X had an MRI that showed a X. At prior visit, they sent X for X. The treatment plan was X. Treatment to date included X. Per the adverse

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determination letter dated X by X, DO, the request for X was denied. Rationale: “The Official Disability Guidelines conditionally recommend X. The Official Disability Guidelines conditionally recommend X. The Official Disability Guidelines conditionally recommend X. On X, the claimant was seen for an office visit and reported pain in the right shoulder with stiffness. The claimant has been working with X. On the exam, there was X. The range of motion was elevation X degrees bilaterally, external rotation X degrees bilaterally, internal rotation to X bilaterally, and extension X degrees bilaterally. The right shoulder strength test was X in the supraspinatus with pain and external rotation was X. There was a X empty can sign and liftoff test. There was a mildly X drop arm sign. There was a X painful arc test. Right shoulder MRI dated X impression: X is noted with retraction measuring X cm most of the glenohumeral articulation. X of this muscle is seen. X is noted in the posterior aspect demonstrating X. Near complete tear of the X is seen which may spare the X. X is greatest in the X. Thickening of the X along the ligament compatible with X. Given fluid adjacent to the X. Mild to moderate X. Mild to moderate X. Right shoulder x-ray done on X noted X. X changes are seen. There is a X. The plan is for X. In this case, there is no documentation that the claimant has had at least X months of X. Partial certification is not permitted in this jurisdiction without peer-to-peer discussion and agreement. As such, the request for X is noncertified. “Per the adverse determination after reconsideration notice dated X by X, MD, the request for X was denied. Rationale: “The Official Disability Guideline conditionally recommends X. The Official Disability Guideline conditionally recommends X. The Official Disability Guideline conditionally recommends X. In this case, the claimant reports right shoulder pain. The claimant has been working with X and was noted with

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good improvement in the range of motion but was still unable to lift or do regular duties at work. On exam, there is minimal tenderness along the X. The range of motion elevation X degrees bilaterally, external rotation X degrees bilaterally, internal rotation to X bilaterally, and extension X degrees bilaterally. The right shoulder strength test is X in the supraspinatus with pain and external rotation was X. There is a X empty can sign and lift off test. There is a X drop arm sign. There is a X painful arc test. MRI right shoulder showed X. X of this muscle is seen. X is noted in the X. X is seen which may spare the X. X is greatest in the subscapularis muscle. X along the ligament compatible with X. Given fluid adjacent to the X. Mild to moderate X. Mild to moderate X but no X. Right shoulder x-ray done on X noted upward X. X changes are seen. There is a X. There is no documentation that the claimant had at X. Partial certification is not allowed in this jurisdiction without case discussion and agreement with the provider. As such the request for X is noncertified. "Based on the submitted documentation, the requested X is not medically necessary. There is no documentation provided to demonstrate that the patient has completed at X. No new information was provided which would overturn the previous denials. 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. There is no documentation provided to demonstrate that the patient has completed at least X months of X. No

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new information was provided which would overturn the previous denials. 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:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**

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- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**