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Austin, TX 78758 **IRO Certificate #**

Notice of Independent Review Decision

DATE OF REVIEW: X

IRO CASE NO. 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:

Upheld **(Agree)** **X**

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY SUMMARY

Patient is X, DOB X, requesting X. It has been denied as being medically unnecessary.

The Notice of Adverse Determination by Dr. X dated X recommended non-certification for the interventions as requested by Dr. X. The Appeal Determination of Certification was reviewed by Dr. X, comorbidity surgeon on X, also recommended non-certification of the surgery.

The claimant's DOI is X and reported mechanism of injury was a X.

Clinic note, X, from Dr. X, goes over patient's history of X X. X presents with numbness and tingling of left arm, left arm swelling, with weakness and pain. The note states that X had X. Exam showed X. Diagnosis was left shoulder injury. It was recommended that X see an orthopedic specialist and an MRI arthrogram was ordered.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

Patient underwent left shoulder MRI arthrogram by Dr. X (X). The note states that X had a prior MRI of the left shoulder. X was diagnosed with a “tiny SLAP tear”. The remaining structures were X.

X was treated with X and was denied. Last note indicates

that X was treated with a X.

Office notes by Dr. X dated X were reviewed as well as a Causation Letter from Dr. X to X. The note(s) states patient had previous X. Exam showed X.

Also reviewed were physical therapy notes, evaluation, re-evaluations, and discharge summary beginning X.

Summary of events: X year old X injured X left shoulder and other body parts in X. Notes state that X had X. X was also treated with X. X continues to have pain in the shoulder. MRI arthrogram shows a small SLAP tear, structures othewise are X. Overall, X has not improved.

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

Opinion: I agree with the benefit company's decision to deny the requested service.

Rationale: It appears that the patient had X. MRI findings show a X. I do not feel that surgery for the left shoulder is the correct treatment. I would like to see the patient undergo a diagnostic X. The notes *do* state some mention of issues with the X.

The requested service(s): "X" are not medically necessary.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO

MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)