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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
- Upheld                          Agree

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- X

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

X is a X-year-old X who was injured on X when X.

No office visits or imaging studies were available in the provided medical records.

Per a utilization review – notice of adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “The principal reason(s) for denying these services or treatment: This patient has X on recent MRI X, but X. It is not established that the X. The clinical basis for denying these services or treatment: ODG guidelines recommend X. ODG guidelines advise that the authors stated that in cases of acute trauma, early surgical treatment is generally recommended as delays are associated with tendon retraction, atrophy of muscles, and generally poor surgical outcomes. This patient has left shoulder pain that has been present for X years despite treatment with X. MRI X shows X. X is being requested. Dr. X does feel that the X. There is limitation in flexion and abduction on exam with weakness, tenderness over greater tuberosity, positive tenderness over rotator/biceps tendon, weakness to resisted ER at side (X), positive tenderness over AC joint, X O'Brien's test, X Neer's impingement sign. It should be noted that the prior MRI from X shows X. The more recent MRI from X also confirms "X." The patient is X years old and has been able to continue working full duty despite these findings. The degree of retraction of the tendon on the recent MRI is not indicated by the radiologist, and this should be clarified. Based on the findings noted, as well as the X. Prognosis can be poor in this situations. Therefore, my recommendation is to NON-CERTIFY the request for X. The principal reason(s) for denying these services or treatment: There is no evidence of X. The clinical basis for denying these services or treatment: Per ODG guidelines, X. Guidelines advise that there should be X. Per ODG guidelines, X is indicated when the planned procedure is performed X. Guidelines advise that there should be X. The patient is not a candidate for X. X has not had an X. Before surgery for X, and is not noted in

this case. Therefore, my recommendation is to NON-CERTIFY the request for X. The principal reason(s) for denying these services or treatment: The patient has X on prior MRI from X, but not on the recent MRI from X. There is tenderness over X on exam, but X. The clinical basis for denying these services or treatment: Per ODG guidelines, X is not recommended for X. Previous MRI from X shows evidence of X. The patient has tenderness over the X on exam. However, there is X. Moreover, the more recent MRI from X does not show any X. Therefore, my recommendation is to NON-CERTIFY the request for X. The principal reason(s) for denying these services or treatment: This patient is over X years old, has not had X. The clinical basis for denying these services or treatment: Per ODG guidelines, X is recommended as an X. This patient is over X years old, has X. Per ODG guidelines, X is recommended as an X. Given that the patient has X and is X, X is not supported. Therefore, my recommendation is to NON-CERTIFY the request for X. The principal reason(s) for denying these services or treatment: The patient is X. The clinical basis for denying these services or treatment: ODG guidelines recommend X. The patient is X. MRI shows X as noted on X. The patient has signs of a X. ODG guidelines recommend X. The patient is X. Treatment has X. As such, this request is not supported. Therefore, my recommendation is to NON-CERTIFY the request for X.

Per an appeal of utilization review denial adverse determination letter dated X, the request for appeal X was denied by X, MD. Rationale: "The principal reason(s) for denying these services or treatment: The patient is X. The clinical basis for denying these services or treatment: ODG guidelines recommend X. The patient is X. Prior peer review X non-certified X in this case, as the patient is X. This remains relevant. An appeal has been requested, but no new clinical information is available. A peer to peer teleconference was requested, but not completed. MRI shows X as noted on X. The patient has signs of a X. ODG guidelines recommend X. The patient is X. Treatment has X. As such, this request is not supported. Therefore, my recommendation is to NON-CERTIFY the request for APPEAL X. The principal reason(s) for denying these services or treatment: This patient is X years old, has X. The clinical basis for denying these services or treatment: Per ODG guidelines, X is recommended as an X. Prior peer review X non-certified X in this case, as the patient is X. This remains relevant. An appeal has been requested, but no new clinical

information is available. A peer to peer teleconference was requested, but not completed. This patient is X years old, has X. Per ODG guidelines, X is recommended as an X. Given that the patient has X is not supported. Therefore, my recommendation is to NON-CERTIFY the request for X. The principal reason(s) for denying these services or treatment: The patient has X on prior MRI from X, but not on the recent MRI from X. There is X on exam, but X. The clinical basis for denying these services or treatment: Per ODG guidelines, X. Prior peer review X non-certified X in this case, as it was not established that the patient had X on recent MRI. This remains relevant. An appeal has been requested, but no new clinical information is available. A peer to peer teleconference was requested, but not completed. Previous MRI from X shows evidence of X, The patient has X on exam, However, there is no indication of an attempted X, Moreover, the more recent MRI from X does not show any X. Therefore, my recommendation is to NON-CERTIFY the request for APPEAL X. The principal reason( s) for denying these services or treatment: There is no evidence of X. The clinical basis for denying these services or treatment: Per ODG guidelines, X is indicated when the planned procedure is performed X. Guidelines advise that there should be lack of improvement with X. Prior peer review X non-certified X in this case, as it was not established that the patient had X. This remains relevant. An appeal has been requested, but no new clinical information is available. A peer to peer teleconference was requested, but not completed. Per ODG guidelines, X is indicated when the planned procedure is performed X. Guidelines advise that there should X. The patient is X. X has X. Before surgery for X should be assessed, and is not noted in this case, Therefore, my recommendation is to NON-CERTIFY the request for APPEAL X. The principal reason(s) for denying these services or treatment: This patient has X on recent MRI X, but the degree of X on the prior MRI over X year ago (X). It is not established that the X. The clinical basis for denying these services or treatment: ODG guidelines recommend X. A prospective cohort study of X patients with a X. ODG guidelines advise that the authors stated that in cases of X is generally recommended as delays are associated with X. Prior peer review X non-certified X in this case, as it was not established that the patient's X. This remains relevant. An appeal has been requested, but no new clinical information is available. A peer to peer teleconference was requested, but not completed. This patient has had left shoulder pain for X years despite X. MRI X shows X. Dr. X does feel that the X. There is limitation in flexion and abduction on exam with weakness, tenderness over greater tuberosity, positive tenderness

over rotator /biceps tendon, weakness to resisted ER at side (X), X tenderness over AC joint, X O'Brien's test, X Neer's impingement sign. Prior MRI from X shows X. In addition to these findings, the patient has X. The more recent MRI from X also confirms "X." The patient is X years old and has been able to continue working full duty despite these findings. The degree of retraction of the tendon on the recent MRI is not indicated by the radiologist, and this should be clarified. Based on the findings noted, as well as the chronicity of this injury, X, it is not established that this patient's has a X. Prognosis can be poor in these situations. Therefore, my recommendation is to NON-CERTIFY the request for APPEAL X. Based on the submitted documentation, the requested procedure is not medically necessary. The record reflect that the patient is X. The records reflect that the patient has been working a full duty job despite the MRI and examination findings. No new information has been 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 procedure is not medically necessary. The record reflect that the patient is X. The records reflect that the patient has been working a full duty job despite the MRI and examination findings. No new information has been 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:**

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