



MedHealth Review, Inc.
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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X.

X: X right shoulder MRI report

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an industrial injury on X and is seeking authorization for X.

Prior diagnostic testing included X. Previous treatment has included X. X re-evaluation dated X has this X. X is working with restrictions and is taking medications. X current pain is a dull ache, and rated at X, and constant on the lateral side of the right arm. The exam reveals flexion X, extension X, abduction X, internal rotation X, and external rotation X. Strength is X on the right shoulder in flexion, extension, abduction, internal rotation, and external rotation. Drop arm testing, Hawkin's-Kennedy testing, painful arc, and Speed's testing are X on the right. There is tenderness to palpation on the lateral and anterior right shoulder. Hypermobility on the right shoulder as to flexion, internal rotation, and external rotation, muscle guarding with pain, and tightness are noted on

the right shoulder motions. The plan of care includes X.

Progress report dated X has the injured worker with right shoulder and elbow pain from a X. The pain is sharp, dull, stabbing, throbbing, constant, swelling, and wakes him from X sleep. The symptoms are getting worse. The exam of the right shoulder reveals X. The range of motion is flexion X active and X passive, abduction X active and X passive, external rotation X, and internal rotation right hip. There is X. There is X Hawkin's and Speed's testing. Strength is X in the X. X-rays were noted to be X. The treatment plan included X.

The X physical therapy discharge report did not provide any objective findings or discharge information. The utilization review dated X non-certified the requested X. The rationale stated the extent of the previous conservative treatment is unknown. Specifically, it is unclear if there was participation in physical therapy and what its efficacy has been. Similarly, guidelines would only support a X if there has been a failure to improve with prior physical therapy. Without additional information and justification, this request is not supported. Appeal letter dated X states the physical therapy notes done at X showing X has attempted X with no improved. These have been attached for review. Request is made for reconsideration of the X. The utilization review dated X non-certified the requested appeal for X. The rationale stated progress notes do not indicate

that this conservative treatment has been provided for the injured employee. Although this claimant has complaints of right-sided shoulder pain and there are abnormal findings on physical exam and MRI, absent this initial conservative treatment. As such, the request for an X is not medically necessary. Progress report dated X has the injured worker feeling the same. X is taking X. X is following a home exercise program to the best of X ability. The right shoulder exam reveals X. The range of motion is flexion X active and X passive, abduction X active and X passive, external rotation X, and internal rotation right hip. There is mild crepitus and pain with motion. Hawkin's and Speed's are X. Strength is X in the supraspinatus, infraspinatus, subscapularis, and teres minor. The treatment plan included X as X has completed X. The request is again made for X.

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

As per ODG, "X"

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
(PROVIDE A DESCRIPTION)**

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