

**True Decisions Inc.**  
**An Independent Review Organization**  
**1301 E. Debbie Ln. Ste. 102 #615**  
**Mansfield, TX 76063**  
**Phone: (512) 298-4786**  
**Fax: (888) 507-6912**  
**Email: @truedecisionsiro.com**

***Notice of Independent Review Decision***

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**IRO REVIEWER REPORT**

**Date:** 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 with a date of injury X. The mechanism of injury was described as

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a X. X stated that while getting in X. X stated X then tried to get back onto the X. The diagnosis was other fracture of shaft of left humerus, initial encounter for closed fracture, and unspecified fracture of the lower end of left radius, initial encounter for closed fracture.

X was seen by X, DC on X for a follow-up of a work-related left distal radius fracture, left humerus site fracture, and multiple injuries. X reported intermittent and activity-driven left wrist pain. X also reported continued burning pain in the forearm but improving. The pain was rated at X. The symptoms were worse by extension and activities of daily living. X reported intermittent, activity-driven, pain and stiffness in the left arm. The intensity of the pain was X. The aggravating factors consisted of lifting and lifting the arm up or to side with activities of daily living. X also reported intermittent pain in the lower back, neck, upper, and middle back. On examination, empty can test was X. Hawkins-Kennedy test X. Pain arch elicited pain in the shoulder and humerus. Shoulder adductions test elicited pain in the shoulder and humerus. Range of motion of the left shoulder showed X degrees of extension with pain in the humerus and shoulder, X degrees of adduction with pain, X degrees of abduction with pain, X degrees of internal rotation due to pain in humerus and shoulder, and X degrees of external rotation with no reported pain. X underwent X on X. X had X. Based on examination, X were recommended to focus on left shoulder internal rotation, range of motion, and strength.

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X, DC completed an appeal letter regarding the denial of X. On X, Dr. X documented that “Regarding this denial and as stated in my appeal, while the claimant has demonstrated significant progress in the X. Although the claimant has good ROM and satisfactory functional ROM, X still experiences weakness and pain with loads applied to the left upper extremity. Therefore, we are requesting an appeal for the request of X.”

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, DC. Rationale: “Regarding X. For a X. In this case, the claimant presents with complaints of left wrist pain and burning pain in the forearm along the ulna. The pain is rated between X in severity. There are also complaints of pain in the left arm rated between X in severity. However, pertinent medical information reveals this request was previously authorized from X through X, and lack of documentation provides a rationale for the medical appropriateness of a duplicate request. As such, medical appropriateness cannot be established. Therefore, the recommendation for X is recommended for non-certification.”

Per a reconsideration review adverse determination letter dated X, the prior denial was upheld by X, DC. Rationale: “The Official Disability Guideline recommends X. For fracture of X are recommended. In this case, the claimant underwent a X. On X, the claimant had a normal left shoulder motion and with exception of

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internal rotation of X degrees out of X and normal left elbow motion with exception of supination at X degrees out of X. There are some wrist deficits, but the request is focused on the left humerus. The guidelines do not support the use of maximum recommendations for every case in the absence of a functional need. Therefore, the request for X, is not supported. Recommended non-certification. Peer to peer was unsuccessful.”

Thoroughly reviewed provided records including provider notes and peer reviews.

Patient noted to have objective deficits remaining in left elbow including strength loss and external rotation or at least supination loss. Patient also appears to have lingering pain issues in the left elbow. Thus, requested X is reasonable and indicated as variance to the cited ODG guidelines. The requested X is medically necessary and certified

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

Thoroughly reviewed provided records including provider notes and peer reviews.

Patient noted to have objective deficits remaining in left elbow including strength loss and external rotation or at least supination loss. Patient also appears to have lingering pain issues in the left

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Overtured

**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

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- 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