



7121 Fairway Drive
Suite 102
Palm Beach Gardens, FL
33418
Toll Free: 888-920-4440
Email: @danestreet.com

Notice of Independent Review Decision

SENT TO:

IRO Reviewer Report

X

IRO Case #: X

Description of the service to 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:

Partially Overturned

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

All of the listed records were reviewed.

The member is a X-year-old individual who sustained an injury on X. The member had heard a pop and felt extremely hot when pulling a X.

The member was diagnosed with postsurgical rotator cuff repair on the right, right shoulder sprain-strain, right rotator cuff tear, right shoulder impingement syndrome, and adhesive capsulitis.

According to an office visit dated X, the member complained of a right shoulder injury with pain fluctuating between X, with work activity becoming more difficult due to limited movement and strength of the right upper extremity. The member expressed moderate frustration, anxiety, and depression due to the duration of symptoms, lack of long-term pain relief, and limited upper extremity function. The member had completed X therapy sessions without a change in shoulder complaints. The physical exam of the right shoulder revealed X. There was a decreased range of motion secondary to pain with flexion to X degrees, abduction to X degrees, extension to X degrees, internal to X degrees, and external to X degrees. There were X. Upper extremity motor testing was X on the right deltoid. The diagnoses were right shoulder sprain-strain, right rotator cuff tear, right shoulder impingement syndrome, and adhesive capsulitis. The plan included X. The member was to remain on modified duty.

According to an office visit dated X, the member complained of more difficult activity, with moderate to severe shoulder complaints by mid-workday. The shoulder pain was rated at X. The member requested a second opinion from a new orthopedist regarding further treatment options for the shoulder complaints. The physical exam of the right shoulder revealed X noted. There was a X. There were X. Upper extremity motor testing was X. The diagnoses were right sprain-strain, right rotator cuff tear, right shoulder impingement syndrome, and adhesive capsulitis. The plan included X. The member was to return to

work with a X workday.

According to an office visit dated X, the member complained of right shoulder pain with slow progress with increased upper extremity range of motion and function with activities of daily living but with moderately increased shoulder complaints of pain. The member noted that a X-hour workday was more tolerable with less aggravation by the end of the work shift. The member's current X. The member had completed X out of X. The physical exam of the right shoulder revealed X. The diagnoses were right shoulder sprain-strain, right rotator cuff tear, right shoulder impingement syndrome, and adhesive capsulitis. The plan included completing X. The member was to remain on X.

According to an office visit dated X, the member complained of a X. However, there was little to no change in the reported pain level. The member was taking X. The physical exam of the right shoulder revealed X. Grip strength was at X. The diagnoses were right shoulder sprain-strain, right rotator cuff tear non-adjudicated, right shoulder impingement, and adhesive capsulitis. The plan included continuing the X. The member was to remain on X.

According to an office visit dated X, the member complained of moderate shoulder pain rated at X status post right shoulder surgery performed on X. The physical exam of the right shoulder revealed the X. The diagnoses were right shoulder sprain-strain, right rotator cuff tear non-adjudicated, right shoulder impingement syndrome, adhesive capsulitis, and postoperative cuff repair on the right. The plan included X. The member was to remain out of work.

According to an office visit dated X, the member complained of right shoulder pain following surgery by an orthopedic surgeon on X. The member reported being X. The member reported that X. The physical exam of the right shoulder revealed a X. Upper extremity motor strength resting was X secondary to breakaway pain of the shoulder. The

diagnoses were postsurgical rotator cuff repair on the right, right shoulder sprain-strain, right rotator cuff tear, right shoulder impingement syndrome, and adhesive capsulitis. The plan included X. The member was to remain on X.

Per the Notice of Adverse Determination dated X, the requested X were non-certified.

On X, a pre-authorization appeal was requested for X.

Per the Notice of Adverse Determination dated X, the requested X were non-certified.

1. Is the request for X medically necessary?

Partially Overturned

The member sustained an injury on X. The member had heard a X. The member sustained an injury to the shoulder. The member underwent a X. On X, the member noted X. The member underwent right shoulder surgery on X. The member began a course of X. The member was referred for a X. A request for X and denied by peer review. On appeal, the request was denied. The rationale for the denial stated that there was no documentation of a X. In this case, the member is participating in X. The requested level of X. The request is X to certify X. This level of evaluation is appropriate to determine if the member's X.

A description, and the source of the screening criteria or other clinical basis used to make the decision:

ODG by MCG

Last review/update date: X