

CPC Solutions

An Independent Review Organization

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Notice of Independent Review Decision

Amended Date: X

Case Number: X

Date of Notice: X

X

Patient Clinical History (Summary)

The claimant is a X who sustained an injury on X. The claimant described the pain in the right shoulder. The claimant is X. The claimant did utilize NSAIDs post-operatively for pain. No post-operative physical therapy records were included for review. The X right shoulder MRI reported noted evidence of a X. Possible full thickness tears were suspected at the insertion of the repaired supraspinatus tendon. Tendinopathy was present. The X evaluation noted tenderness to palpation at the right shoulder on the physical exam with limited range of motion. The right shoulder forward flexion was to X degrees with X degrees of external rotation. There was mild weakness noted with forward flexion.

The proposed X was denied by utilization review as guidelines did not support the use of a X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The claimant presents with continuing right shoulder pain, limited range of motion, and mild weakness status X. The claimant had used prescription medications for pain after surgery. No formal physical therapy records were included for review. The recent right shoulder MRI report did not detail a X. The current evidence-based guidelines do not recommend the use of X. Therefore, it is this reviewer's opinion that the proposed X is not medically necessary, and the prior denials are upheld.

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

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- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Internal Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual

- Peer Reviewed Nationally Accepted **Medical Literature (Provide a description)**

- Other evidence based, scientifically valid, outcome focused guideline (Provide a description)