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***Notice of Independent Review Decision***

**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)

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

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

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was injured on X. X was using a X. The diagnosis was right shoulder pain, strain of rotator cuff capsule, impingement syndrome of right shoulder region, shoulder synovitis, and strain of long head of biceps. X, MD evaluated X as a new patient on X, for right shoulder pain. The symptoms began on X beginning after X was using a X and tripped and fell to the right shoulder. X history was significant for a X. The location of the pain was generally anterior and lateral, occurring constantly with activity. X described their discomfort as a sharp / stabbing pain, which was unchanging with time. X had taken X. The pain was improved by X. It worsened by overhead activity and repetitive use. The symptoms prevented X from reaching or working overhead and doing simple activities without pain. X had no problems on the contralateral side. X also described weakness with forward elevation. Work-up /treatment to date had included X. X also received a X that did not give X good relief, but the symptoms returned. X stated the X had given X some relief, but X continued to have weakness and pain. The X from prior diagnostic imaging taken on X was independently reviewed discussed with X. There was a X noted. right shoulder examination revealed X. There was X strength in forward elevation; external strength was X. Drop arm sign, Neer and Hawkins impingement signs, Speed's test, O'Brien's test were X. The assessment was X. Dr. X noted that X had a X. X had X as well as X. X continued to struggle with weakness despite these conservative measures. At that point, given X imaging studies, Dr. X did feel X was a candidate for X. X understood the risks involved and desired to go forward with this procedure. An MRI of the right shoulder dated X, demonstrated X. The findings were age-indeterminate and clinical correlation was recommended. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "The Official Disability Guidelines recommend X. There should be X on imaging. The cited guideline requires them to have X

. There should be supportive imaging showing X. In this case, the request for X is supported, as they have persistent X. In addition, there is an X. However, the request for X is made non-medically appropriate, as the request for X is non-certified. Hence, the prospective request for X is non-certified. The Official Disability Guidelines recommend X. There should be X evident on imaging. The cited guideline requires them to have X. In this case, the request for X is supported, as they have X. In addition, there is an X on imaging, which is supportive of X. However, the request for X is made non-medically appropriate, as the request for X is non-certified. Hence, the prospective request for X is non-certified. The cited guideline requires them to have X. In this case, the request for X is supported, as they have X. In addition, there is X. However, the request for X is made non-medically appropriate, as the request for X is non-certified. Hence, the prospective request for X is non-certified. The Official Disability Guidelines recommend X. There should be X. The cited guideline requires them to have X. In this case, the request for X is unwarranted, as the X. Hence, the prospective request for X is non-certified. The Official Disability Guidelines recommend the use of a X. The request for a X is unwarranted, as the requests for X are non-certified. Hence, the prospective request for X is non-certified. Dr. X wrote a letter of medical necessity for X on X, that outlined the need for a X. The rationale for surgical intervention was as follows: X had a X as noted on imaging studies consistent with X mechanism of injury and physical examination. Given X persistent symptoms, significant functional limitations, X was necessary. The proposed procedures X. These interventions were critical for X to regain the ability to perform X occupational duties and improve X quality of life. In conclusion, the recommended X treatments were medically necessary to address the significant and ongoing impairments resulting from the work-related injury. Per a reconsideration review adverse determination letter dated X, the appeal X was denied by X, MD. Rationale: "Regarding the request for X, the Official Disability Guidelines recommend X. X is recommended only when a definitive shoulder diagnosis cannot be made with standard imaging and examination, following X. Proceeding with the request for X is indicated. The claimant had persistent right shoulder pain despite exhausting X. The MRI showed X. This request could be considered as the MRI and physical findings were consistent X. However, the provider could not be reached to discuss treatment modification. Therefore, the appeal request for X is non-certified. Regarding the request for X, the Official Disability Guidelines

recommend X. Proceeding with the request for X is not indicated. The claimant had persistent right shoulder pain with MRI findings of X. This request could be considered as they have MRI findings and clinical signs of X. However, the provider could not be reached to discuss treatment modification. Therefore, the appeal request for X is non-certified. Proceeding with the request for X is not indicated. This request could be considered due to MRI and physical examination findings were X. However, modification of request is not allowed in this jurisdiction. Therefore, the appeal request for X is non-certified. Regarding the request for X, the Official Disability Guidelines recommend X. Proceeding with the request for X is not indicated. The claimant had X. The symptoms persisted despite X. However, the claimant's age is X, and the MRI showed X. Considering that there was X, the request is not medically necessary. Therefore, the appeal request for X is non-certified. Regarding the request for X, the Official Disability Guidelines recommend X. Proceeding with the request for X is not indicated, as the request for X is deemed to be not medically necessary. Therefore, the appeal request for X is noncertified. "The claimant continues with right shoulder pain despite adequate non-operative measures to date. Imaging has noted the X. The claimant's examination showed X. There was X strength in forward elevation; external strength was grossly preserved. Drop arm sign, Neer and Hawkins impingement signs, Speed's test, O'Brien's test were X. These findings all suggest X. Therefore, it is this reviewer's opinion that medical necessity has been established for the requested X. As such, the previous denials are overturned. X is medically necessary and certified

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

The claimant continues with right shoulder pain despite adequate non-operative measures to date. Imaging has noted the X. The claimant's examination showed X. There was X strength in forward elevation; external strength was grossly preserved. Drop arm sign, Neer and Hawkins impingement signs, Speed's test, O'Brien's test were X. These findings all suggest X. Therefore, it is this reviewer's opinion that medical necessity has been established for the requested X. As such, the previous denials are overturned. X is medically necessary and certified  
Overturned

**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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- PRESLEY 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)**