



Physio Solutions LLC
8500 N. Stemmons Fwy
STE 1008
Dallas, TX 75247

Notice of Independent Review Decision

IRO Reviewer Report X

IRO Case Number: X

Description of the services in dispute

X.

Description of the qualifications for each physician or health care provider who reviewed the decision

X.

Review Outcome: Partially Overturned (Agree in part/Disagree in part)

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

X, date of birth X, is a X individual diagnosed with traumatic right rotator cuff and bicipital tendinitis and seeking coverage for X.

Per the X - Operative Note by X, M. D., the patient underwent X. Postoperative findings included X. The procedure was performed under X, with no complications noted.

The X - Initial Evaluation by X, PT indicated the patient, a X, presented for X on, following a work injury on. X reported constant right shoulder pain rated X, with significant functional limitations including inability to lift X arm overhead for job duties. Initial evaluation revealed X, with a QuickDASH score of X and an OMSQ-12 score of X.

The X - Physical Therapy Initial Evaluation by X, PT noted the patient, a X, presented for X on X, following a work injury on X. X reported right shoulder pain rated X, aggravated by heavy lifting and overhead reaching, and was unable to work due to dysfunction. Initial evaluation revealed X. X and an OMSQ-12 score of X.

The X - Physical Therapy Re-evaluation Report by X, PT reported the patient, a X, presented for X on X, reporting X pain in X right shoulder, the least in a year. X QuickDASH score improved to X. X and OMSQ-12 score to X, but X remained unable to work due to physical impairments and pain. X demonstrated improved X, but still had deficits requiring continued skilled X.

The X - Clinical Encounter Summary by X, MD indicated the patient returned for a follow-up on X right shoulder work injury, reporting X. Physical examination showed a X. X was again recommended to X.

The X - Clinical Encounter Summary by X, MD noted the patient X X, reported improvement with X. Physical examination revealed X. The physician expressed concern about a X if symptoms persisted, with a follow-up in X weeks.

The X - Clinical Encounter Summary by X, MD indicated the patient returned X X. Physical examination revealed X. An X was recommended to evaluate for a X as previous X.

An X of the right shoulder on X showed X. An addendum noted a X.

The X - Clinical Encounter Summary by X, MD noted the patient returned after an X, reporting no change in symptoms and continued pain and weakness with overhead activity. Physical examination revealed X. MRI findings showed a X.

Per the X - MRI Report - Right Shoulder, the impression noted X.

The X - Clinical Encounter Summary by X, MD indicated the patient returned for a follow-up on X right shoulder, reporting persistent catching, popping, weakness, and difficulty with overhead lifting activities. Physical examination revealed X. MRI findings showed a X.

The X - Adverse Determination Notice reported X issued an adverse determination notice, non-certifying the requested X. The determination was based on the service not meeting established standards of medical necessity.

The X - Adverse Determination Notice indicated X issued an adverse determination notice, non-certifying the requested X. The determination was based on the service not meeting established standards of medical necessity.

The X - Peer Review Report by X, M. D. upheld the non-certification of the requested X. The report noted conflicting information in the X regarding a X is not supported by medical treatment guidelines.

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

Based on the attached records for X, the requested X meets the official disability based clinical indications for operative management and specifically for X, because the claimant has persistent right shoulder pain with mechanical symptoms (catching, popping), weakness, and difficulty with overhead lifting despite X. Further, imaging documents a X after X as the operative note shows a X was performed on X for a X dated X documents X. There is also an addendum describing X. The subsequent orthopedic follow up on X states the X was reviewed and the claimant has a significant X with discussion and recommendation to proceed with X. However, the current ODG does not recommend the use of a X. The complicated nature of the procedure, which is extensive, would support both the X. There were no significant risks noted for X. The request also includes a X which is open ended and not medically necessary. Therefore, it is this reviewer's opinion that the only supported requests that should be approved are limited to X. As such, the prior denial is partially approved.

Description and source of the screening criteria or other clinical basis used to make the decision

ACOEM - American College of Occupational and Environmental Medicine Um
Knowledgebase

AHRQ - Agency for Healthcare Research and 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

ODG - Official Disability Guidelines & Treatment 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)