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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. The diagnosis was superior glenoid labrum lesion of right shoulder.

On X, X was evaluated by X, MD, when X presented for follow-up on superior glenoid labrum lesion of right shoulder. On X, Dr. X ordered X. X presented at the time for further evaluation and management. X continued to have significant pain and dysfunction to the shoulder including mechanical popping with activities as well as persistent weakness. X had difficulty with sleeping and activities of daily living. On examination of the affected extremity, X continued to have pain and dysfunction to the shoulder as well as X. The diagnosis was superior glenoid labrum lesion of right shoulder, initial encounter. Dr. X documented that X had X and continued to have pain and dysfunction as well as difficulties with activities of daily living and sleeping. X was to continue X.

An MRI of the right shoulder dated X, identified X. There was X. X grade was X. There was X. Consider grade X joint injury. X was seen. There was moderate X. X was seen. Grade X could be considered in appropriate clinical settings. There was X.

Moderate X was seen with X. There was moderate X noted.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Principal Reason(s) for the Determination: In this case, the documentation is absent evidence of history of multiple dislocations or chronic instability disrupting activities of daily living as required by the guidelines to support surgical repair. The Clinical Basis for Denying These Services or Treatment: 1. 2X. ODG states that criteria for X. There must be objective findings of 1 or more of the following including X. There must be imaging findings of X. There must be X. In this case, the documentation is absent evidence of history of X. In addition, there are X. The imaging shows X. As such, the request for X is not medically necessary. 2. X. ODG states that X is recommended as a treatment option when X. In this case, the evidence-based guidelines recommend surgery for X. Review of clinical documentation does not support a plan for X. As such, the request for X is not medically necessary. 3. X ODG states that X is recommended (tenodesis) for X. Criteria for X include after X. An alternative to X. Generally, X do not need any treatment. Surgery is performed if age greater than X with X. In this case, the claimant is only X months out of the injury. The guideline recommends surgery for X. Review of clinical documentation does not support a plan for X. Given that the evidence-based guideline criteria have not been met, the request for X is not medically necessary. 4. X. ODG states that X is

recommended as an X. Indications include more likely benefit under age X (contraindicated over X with humeral head deformity, large osteophytes and/or significant motion loss unless mechanical locking due to loose body); moderate to severe pain (preventing a good night's sleep) or functional disability that interferes with activities of daily living or work; positive imaging findings of shoulder joint degeneration with small lesions, preferably involving only one side of joint and conservative therapies (including X. In this case, the claimant is only X months out of the injury. The guideline recommends X. Given that the evidence-based guideline criteria have not been met, the request for X is not medically necessary.”

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. The rationale was as follows: “Principal Reason(s) for the Determination: X: Documentation does not indicate evidence of X. There is no history of X. There are X: There is no indication that the claimant is approved for a X. X: In this case, review of the clinical records indicates that the claimant is only X months post-injury and guidelines recommend X. X: In this case, review of the clinical records indicate that the claimant is only X months post injury and guidelines recommend X. The Clinical Basis for Denying These Services or Treatment: 1. X. ODG states that criteria for X. There must be subjective findings of history of X. There must be objective findings of X. There must be imaging findings of X. There must be X. In this case, review of documentation does not

indicate evidence of X. There is no history of X. There are no X. Given the guideline criteria has not been met, the request for X is not medically necessary. 2. X. ODG states that X is recommended as a treatment option; maybe a first-line or second-line treatment option. Surgery for X may be indicated when all of the following are met including planned procedure is X. In this case, there is no indication that the claimant is approved for a X. Given the above, the request X is not medically necessary. 3. X. ODG states that X is recommended X. Criteria for X include after X months for X. An alternative to X. Generally, X do not need any treatment. Surgery is performed if age greater than X with X. In this case, review of the clinical records indicates that the claimant is only X months post-injury and guidelines recommend X. Given the guideline criteria has not been met, the request for X is not medically necessary. 4. X. ODG states that X is recommended as an alternative to X. Indications include more likely benefit under age X (contraindicated over X with humeral head deformity, large osteophytes and/or significant motion loss unless mechanical locking due to loose body); moderate to severe pain (preventing a good night's sleep) or functional disability that interferes with activities of daily living or work; positive imaging findings of X. In this case, review of the clinical records indicate that the claimant is only X months post injury and guidelines recommend X. Given the guideline criteria has not been met, the request for X is not medically necessary.”

Based on the submitted documentation, the requested X is not medically necessary. There are insufficient examination findings

to support the X. The documentation does not demonstrate the presence of X. No new information has been provided which would overturn the previous denials. X is not medically necessary and non-certified

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

Based on the submitted documentation, the requested X is not medically necessary. There are insufficient examination findings to support the X. The documentation does not demonstrate the presence of X. No new information has been provided which would overturn the previous denials. X is not medically necessary and non-certified

Upheld

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
- 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