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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

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- 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

The claimant is a X individual diagnosed with a right shoulder glenoid labrum tear and impingement syndrome X and X and seeking coverage for X. The claimant sustained an injury on X while X. The claimant was moving the X. The X right shoulder MR arthrogram report noted a X. There was a X. The X appeared X. The X evaluation noted X. The proposed X, was denied by utilization review as the failure of non-operative measures to include X. The appeal request for X was denied as it appeared the claimant was improving with treatment.

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

The proposed X, was denied by utilization review as the failure of non-operative measures to include X.

In review of the clinical records, the claimant has ongoing severe daily pain with minimal activity. The appeal letter from Dr. X stated that the claimant would not benefit from X. However, during the review of the documentation, X. Additionally, the recent use of X was not detailed. Further, the right shoulder MRI report did not detail evidence of X. Per the Official Disability Guidelines, X. Therefore, it is this reviewer's opinion that the requested X, as an outpatient, is not medically necessary, and the prior denials are upheld.

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)