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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: 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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case concerns a X who sustained an injury on X and was being treated for a full-thickness rotator cuff tear of the left shoulder, impingement of the left shoulder, and adhesive capsulitis of the left shoulder. The member's past medical history was X. Conservative treatment included X.

The X magnetic resonance imaging (MRI) of the left shoulder has impressions of a X.

The record dated X cited pain in the member's left upper arm and shoulder from an injury today, which was rated X to X out of X. The left shoulder examination revealed X. There was pain on flexion, abduction, and external rotation. The member significant difficulty with range of motion. Once the member got X shoulder above X to X degrees, X could lift it and hold it the rest of the way, but X had significant trouble with movement from X degrees to X to X degrees. Motor strength and tone were X. The treatment plan included X.

The X physical therapy report stated that this was the member's X visit of X. It noted that the member did not feel that X had any improvement with X because X was feeling constant pain, which was rated as a X out of X. The member reported that X was performing X. The left shoulder examination reveals X. There was X. Flexion was X, extension was X, abduction was X, internal rotation was X, and external rotation was X. Hawkin's/Kennedy was X. The myotomes at X. The member had reached X percent (%) of X functional goal at this visit. The plan included X.

The X report stated that the member feeling about the same with pain in the left shoulder, had X. The member's movement was reported to be much improved. The examination revealed X. There was mild weakness throughout. An empty can test was X. The treatment plan included X.

The X physical therapy report cited that the member was feeling X better with physical therapy but still felt pain crossing X arms in form of X body and lifting arm on the side, which was rated as a X out of X. The examination revealed X. Flexion was X degrees with X plus (+) out of (/) X muscle performance and discomfort at X degrees. Extension was X degrees with X muscle performance. Abduction was X degrees with X out of X muscle performance and discomfort at X degrees of shoulder abduction. Horizontal adduction was X. Internal rotation was X and external rotation was X. Hawkin's and Kennedy tests were X. The member had reached X of X functional goal. The plan included X.

The X report stated that the member had left shoulder pain rated as a X out of X with flexion and had been taking medications. The member was not working. The member reported X improvement with X biggest complaint being pain when X reached across X body and X was concerned about not being able to X. The member was interested in an X. The examination revealed X. Motor tone was X. The treatment plan included X.

The X report indicated that the member was about the same with continued mild “annoying” pain. The member denied weakness and loss of range of motion and had an MRI scheduled the next day. The member was taking X. The examination reveals pain with X. Motor tone is X. The treatment plan included X. The X report cited left shoulder pain when motion. The member was X. The member had an MRI. The member was still not sure X is willing to have X. The examination revealed X. Motor tone was X. The treatment plan included X. The X report noted that the member stated that the X. The member reported normal motion and denied weakness but stated that the discomfort was always present. The member’s referral is still pending. There were no left shoulder examination findings documented. The treatment plan included X. The X report indicated that there was continued stiffness and intense, sharp pain toward the member’s shoulder. The member had been taking X. The member stated that X was about the same or a little worse. There was no left shoulder examination documented. The treatment plan included X.

The X Designated Doctor Examination cited left shoulder pain. The member could not sleep comfortably and pushing, pulling, reaching overhead, lifting and carrying increased X pain. The examination reveals X. There was X. The range of motion was

flexion of X, extension of X, abduction of X, adduction of X, internal rotation of X, and external rotation of X. Strength and sensation were X. Hawkin's was X. This report stated that X had made some improvement with X, however, X shoulder persisted with limited mobility that was worsening and pain with activities. The member had an X. The MRI showed a X. The member was not found to be at maximum medical improvement (MMI) but was expected to be on or about X as X left shoulder condition was expected to improve with X.

The X report noted that the member reported that X shoulder hurts depending on the movement X was doing. No new examination was performed. The treatment plan included X. The X report cited no change since the last visit. The member was X. No new examination was performed. The treatment plan included X. The X telehealth consultation report cited left shoulder pain that was rated as a X to X out of X. The member reported that X could not sleep comfortably. Pushing, pulling, reaching overhead, lifting and carrying increased X pain. The determination was that the member needed surgery.

The X new patient report cited left shoulder pain with significant reduction in range of motion. The member could not lift X arm above X shoulder. Putting on shirts also bothered X. The member had pain at night. The examination of the left shoulder reveals X. There was pain with abduction. X was noted. There was significant reduction in range of motion to abduction as well as reaching behind X back. The treatment plan included an X. The X orthopedic report cited X. The member's pain was rated as an X out of X. The examination of the left shoulder reveals abduction of X, forward elevation of X, internal rotation of X, and external rotation of X. Significant weakness was noted with

resisted abduction and weakness with resisted external rotation in adduction. Strength was X out of X. X as compared to the right was noted. The treatment plan included a X.

The X cited continued pain with regular activities. There were no left shoulder examination findings. The treatment plan included X. The X report cited ongoing pain in the left shoulder with significant reduction in range of motion. The member could not lift X arm above X shoulder. Putting on shirts also bothers X. The member reported that X had discomfort when taking a shower trying to wash X back and that X felt like X could not exercise and/or go to the gym and be as active as X would like to be. The member's quality of life was negatively impacted. The examination of the left shoulder reveals X. There was pain with abduction. X was noted. There was significant reduction in range of motion to abduction as well as reaching behind the back. The treatment plan included X.

The X orthopedic report stated that the member had left shoulder pain, weakness, inability to push/pull to an above horizontal level, difficulty with dressing, and night pain. The member had sustained an injury on X when reaching for a X. The member was seen on X and had X. The member's pain was rated as an X out of X. The member had increased pain with movement, trouble sleeping in certain positions, reaching with the left arm, and taking off X shirt. The member also had weakness and decreased motion in the left shoulder. The examination of the left shoulder reveals abduction of X, forward elevation of X, internal rotation of X, and external rotation of X. Significant weakness was noted with resisted abduction and weakness with resisted external rotation in adduction. Strength was X out of X.

X as compared to the right was noted. The treatment plan included X.

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

Per the Official Disability Guidelines & Treatment Guidelines (ODG) As per ODG, “X may be indicated when 1 or more of the following are present: “X”

The Maximus physician consultant indicated the member presents with a now chronic as it has been greater than X months since X injury X per MRI tear of the X. The Maximus physician consultant indicated that the member’s symptoms did not improve with X. The Maximus physician consultant noted that the member also has modified activities. The Maximus physician consultant explained that these findings support these ODG criteria for the requested X.

The Maximus physician consultant indicated that as per ODG, “X”

The Maximus physician consultant noted that the requested procedure is a X. The Maximus physician consultant indicated the X MRI of the member’s left shoulder showed X. The Maximus physician consultant indicated that the member’s symptoms did not improve with X. The Maximus physician consultant noted that the member also has modified activities. The Maximus physician consultant explained that these findings support these ODG criteria for the requested X.

The Maximus physician consultant indicated that the guidelines state, “X.” The Maximus physician consultant explained that however, in this case, X. The Maximus physician consultant noted that the member has X. The Maximus physician consultant indicated that the member’s X. The Maximus physician consultant also indicated that the injury date has X. The Maximus physician consultant explained that therefore, the ODG criteria for X. The Maximus physician consultant indicated that as X is not medically necessary.

Therefore, I have determined that X are not medically necessary for treatment of this member’s condition.

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