



MedHealth Review, Inc.
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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 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

X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an industrial injury on X and is seeking authorization for a X.

Prior diagnostic testing included: X. Magnetic resonance imaging of the cervical spine dated X has impressions of X. Magnetic resonance imaging of the right shoulder dated X has impressions of X. Magnetic resonance imaging of the X. Magnetic resonance imaging of the right shoulder dated X has impressions of X.

Previous treatments have included X.

Previous X included X on X.

Progress report dated X has the injured worker doing okay. X seems quite bothered by the neurological symptoms that have been present since the original injury. X continues to have pain when X rotates X head from side-to-side that travels from X neck down to X arms. The right shoulder exam reveals X.

Strength is X. The treatment plan included X.

Progress report dated X has the injured worker seen for follow-up. The right shoulder exam reveals active forward elevation to X degrees with a hard stop, to X degrees with a hard stop, external rotation with the arm in full adduction to X degrees. Strength is X. The assessment cites X shoulder range of motion has not improved much. X continues to have considerable

shoulder stiffness, and X symptoms have not improved with X. X shoulder is quite stiff. The recommendation is for X. Progress report dated X has the injured worker following up for X. The right shoulder exam reveals active forward elevation to X degrees with a hard stop, to X degrees with a hard stop, external rotation with the arm in full adduction to X degrees. Strength is X. The assessment cites X shoulder range of motion has not improved much. X also continues to be quite bothered by the neurologic symptoms that have been present since X original injury. X continues to have pain when X rotates X head from side-to-side that travels from X neck down to X arms. X continues to have considerable shoulder stiffness, and X symptoms have not improved with physical therapy. X shoulder is quite stiff. The recommendation is for X.

The utilization review dated X non-certified the requested X. The rational stated there is no updated imaging submitted for review. Also, there is no documentation that the claimant had trial and failure of X, and the assessment did not reveal passive shoulder flexion and/or abduction less than X degrees. The utilization review dated X non-certified the requested X. The rational stated that the available history X.

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

ODG Guidelines state ODG Indications for X requires ALL of the following:

1. Conservative Care: X.
2. Subjective Clinical Findings: X.
3. Objective Clinical Findings: X.

In this case, this X sustained an X injury on X and is seeking authorization for a X for the treatment of right shoulder strain, traumatic rupture of the rotator cuff, and adhesive capsulitis. Overall, X presented on X following up for electrodiagnostic results and to discuss pain medications. The right shoulder exam reveals active forward elevation to X degrees with a hard stop, to X degrees with a hard stop, external rotation with the arm in full adduction to X degrees. Strength is X. The assessment cites X shoulder range of motion has not improved much. X also continues to be quite bothered by the neurologic symptoms that have been present since X original injury. X continues to have pain when X rotates X head from side-to-side that travels from X neck down to X arms. X continues to have considerable shoulder stiffness, and X symptoms have not improved with X.

However, detailed documentation is not evident regarding a X. Recent X and failure is not evident. Additionally, the X for the right shoulder was not clearly documented to have been X. Additionally, subjective findings were not clearly documented for shoulder pain that is disabling and that the shoulder stiffness was limiting X function. There have been no shoulder diagnostic imaging studies performed post-

operative to rule out any other potential pathology. There is no compelling rationale presented, or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines. Therefore, the request for X, is not medically necessary.

**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 KNOWLEDGBASE**
- 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)**