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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-year-old X who sustained an industrial injury on X and is seeking authorization for X. Prior diagnostic testing included X.

Previous treatments completed include X. Previous surgeries included a X. Progress report dated X has the injured worker X. X has constant pain rated X. X is doing better than before surgery. The exam reveals the incisions look good. The treatment plan included X.

Progress report dated X has the injured worker X. X reports the shoulder is showing a little bit of improvement. X is still having significant pain and feels like there is a spot that is bone touching bone. The exam reveals X. X is making positive progress. The treatment plan included X. Progress report dated X has the injured worker X. X pain is rated X and is taking X. X is X. X is making positive progress. The exam X, supple until X gets to that endpoint; forward flexion is now X degrees and supple until X gets to that point; abduction is X biggest endpoint; and internal rotation is much better at X. The treatment plan included X. Progress report dated X has the injured worker X; "X" out from X; and X. X is doing better than before surgery but still having the same pain when X moves X arm up and down. X is going to X. The exam reveals external rotation is X, passive forward flexion is X, and internal rotation is to X. The treatment plan included X.

Progress report dated X has the injured worker X. X still has pain in the one spot that X has continued to have issues with. X continues to be stiff and painful. X is waiting on a X. The exam of the left shoulder reveals external rotation to about X degrees with some guarding and magnification. Passive forward flexion is slightly improved to X degrees and internal rotation continues to be about X. The treatment plan included X. Progress report dated X has the injured worker X. X is seen to discuss the results of the X. X recently saw

pain management and was given an X. X now has pain on top of X shoulder. The exam reveals X. Pain is noted with X. However, X motion continues to be much improved since the X. X was provided with a X. Progress report dated X has the injured worker X. X is doing very well today. X had a X. X has not had any pain since then. X has continued to make positive improvement. X is scheduled for an X. The exam reveals X. Strength is coming along better but still has a way to go. The treatment plan included X.

Progress report dated X has the injured worker with left shoulder discomfort. X rates X pain at X. The discomfort is near X. X motion is improving; however, X has significant amount of tenderness over the X. The exam of the left shoulder reveals X, X, and almost a popping. Motion in the X is much improved. External rotation is now to X degrees. Combined forward flexion and abduction activity with pain over the AC joint is easily to X. Internal rotation is improved to better than X. The incision looks good. The cross body is painful. Abduction beyond X is painful. X is painful over the X. The treatment plan included X. The request for authorization first received on X was for X. The utilization review dated X non-certified the requested X. The request for authorization first received on X was for X. The utilization review dated X non-certified the requested X.

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

Regarding the request for X, ODG Guidelines state “X”

In this case, this X-year-old X sustained an industrial injury on X and is seeking authorization for X. Overall, X presented on X with left shoulder discomfort. X rates X pain at X. The discomfort is near X. X motion is improving; however, X has significant amount of tenderness over the X. The exam of the left shoulder reveals X. Motion in the X is much improved. External rotation is now X degrees. Combined

forward flexion and abduction activity with pain over the X
Internal rotation is improved to better than X. The incision
looks good. The cross body is painful. Abduction beyond X is
painful. X is painful over the X. The noted magnetic
resonance imaging with contrast of the left shoulder dated X
demonstrated X. X continues with persistent shoulder pain
(status post X surgeries) near the X. X motion is improving;
however, X has significant amount of tenderness over the X.
The exam corroborated reveals X. The cross body is painful.
Abduction beyond X is painful. X is painful over the X. X has
been in X. Therefore, the request for the X is 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 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)**