

Notice of Independent Review Decision

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 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 diagnosed with a complete rotator cuff tear. This review is to determine the medical necessity of X.

The Denial Letter by X dated X stated that the claimant had a work-related X injury where X ruptured X right shoulder. This injury occurred on X. On X, the claimant followed up with X health care provider due to right shoulder pain, "...diffuse tenderness, decreased range of motion, weak supraspinatus and ABER, and has positive findings with Neer, Hawkin's, Speed's, empty can sign, drop arm test, painful arc, and lift off test." According to the progress note dated X an X of the right shoulder revealed, "X." The claimant had previously been treated with X.

Finally, the Denial Letter by X dated X stated that, "No, the proposed treatment consisting of Reconsideration X is not appropriate and medically necessary for this diagnosis and clinical findings... No, the proposed treatment consisting of Reconsideration X is not appropriate and medically necessary for this diagnosis and clinical findings."

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

The claimant is a X diagnosed with a complete rotator cuff tear from a work-related X injury which resulted in pain, diffuse tenderness, and functional deficit of the arm. X revealed a X. The claimant had X. The initial request was for X. X was also requested as a possible procedure based on findings at X. A secondary request for X, specifically a X, was also filed.

X and an active X-year-old male are very common clinical entities. Especially once having X as necessary, X is indicated to treat all significant pathologies as noted by the treating surgeon. This includes the possible use of X. X is also indicated to X. Failure to provide adequate options to include the X. X as requested, at a time when repair and healing and functional rehabilitation

are still possible to glean a highly functional result and will, more likely than not, negate a current need for a much more X.

In summary, the X request as listed is appropriately indicated for the claimant based on the medical records and imaging available for review. It is the professional opinion of the medical reviewer to overturn the denial of X, due to medical necessity.

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)