

**P-IRO Inc.**  
**An Independent Review Organization**  
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***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date: 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:

- Overturned                      Disagree
- Partially Overturned    Agree in part/Disagree in part
- Upheld                              Agree

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### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured at work on X, when a X. X stated it took X people to unlock the X. X reported when you were done unlocking this mechanism, you were supposed to tap on the can to inform the person on the other side that the mechanisms were down. When X finished X side, X did not get an opportunity to get out of the way before the X, striking X on the right shoulder and causing X to X onto X outstretched hands, injuring X right neck and shoulder. The diagnosis was right shoulder sprain, right shoulder adhesive capsulitis, right shoulder superior labral tear from anterior to posterior tear, and right shoulder partial-thickness rotator cuff tear.

On X, X was evaluated by X, MD, for follow-up. X had been experiencing right shoulder pain and stiffness, which had been progressively improving with X. Despite improvement, X continued to have limitations in range of motion and residual discomfort. X described difficulty with certain movements, such as rotating X arm outward and lifting X arm behind X back. X had been undergoing X, which had helped improve X mobility. X planned to X. Right shoulder range of motion was X degrees forward flexion, X degrees abduction (both passively and actively), and X degrees external rotation. The assessment was right shoulder sprain, right shoulder adhesive capsulitis, right shoulder superior labral tear from anterior to posterior tear, and right shoulder partial-thickness rotator cuff tear. Dr. X discussed the option of X. X recommended X. X explained that if progress X.

An MRI of the right shoulder dated X, demonstrated X.

Treatment to date included X.

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Per a utilization review adverse determination letter dated X, the request for the following services, was denied by X, MD: 1. X. 2. X. 3. X. 4. X. 5. X 6. X. 7. X. Rationale: "Regarding X, the Official Disability Guidelines recommend it only when a X. X is not indicated as other requests within this review have been non-certified. Therefore, the request for X is non-certified. Regarding X, the Official Disability Guidelines recommend it for patients with X. X to reveal the presence of a X. Physical examination findings did not strongly suggest the presence of a X. Therefore, X does not appear to be consistent with guideline recommendations. Based on this, the request for X is non-certified. Regarding X, the Official Disability Guidelines recommend it as an option for X. X is not indicated as the request for X has been noncertified. While the worker has ongoing right shoulder pain despite X, this request cannot be certified as the request for X has been non-certified above. Therefore, the request for X is non-certified. X is not indicated as other requests within this review have been non-certified, and the jurisdiction of this review mandates an all-or-nothing approach to certifications. Therefore, the request for X is non-certified. Regarding X, the Official Disability Guidelines recommend it for advanced X. X is not indicated. While X revealed a X. Additionally, the worker is over age X and would be better suited with a X. For these reasons, the request for X is non-certified. Regarding X, the Official Disability Guidelines recommend X. X is not indicated as the worker has not X. Further, other requests within this review have been non-certified and the jurisdiction of this review mandates an all-or-nothing approach to certifications. Therefore, the request for X is non-certified. X is not indicated as the worker has X. Further, other requests within this review have been non-certified, and the jurisdiction of this review mandates an all-or-nothing approach to certifications. Therefore, the request for X is non-certified."

Per a reconsideration review adverse determination letter dated X, the appeal request for the following services, was denied by X, MD: 1. X. 2. X. 3. X). 4. X. 5. X. 6. X. 7. X. Rationale: "The requests for X were non-certified in review X on X as the reviewer noted that X. Moreover, the injured worker has X. Subsequently, an appeal request was submitted for review without specifically addressing the

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rationale for non-certification. Upon review of submitted documentation, the injured worker sustained an injury when a X. The injured worker was diagnosed with right shoulder sprain, impingement, and adhesive capsulitis. Relevant comorbidities include a history of migraines. As a result of injuries, the injured worker experienced difficulty with shoulder movements. The injured worker was on light duty. Attempted treatment included X. X of the right shoulder (X) interpreted by X, MD, revealed a X. A progress note dated X documents that the worker reports right shoulder pain and stiffness which has been improving with X. They continue to report limited motion and discomfort. On exam they have motion of X of forward flexion, X abduction passively and actively, X external rotation. The provider recommended X. The provider is appealing the prior determination at this time. Regarding X, the Official Disability Guidelines recommend X. Upon review of the submitted records, it appears that the prior non-certification was appropriate. In this circumstance, the worker reports persistent right shoulder pain and stiffness which is improving with X. On exam they have motion of X of forward flexion, X abduction passively and actively, X external rotation. An X of the shoulder documented X. There is no documentation that imaging is inconclusive to support a X. As such, the request for X is non-certified. Regarding X, the Official Disability Guidelines recommend it for patients with X. In this circumstance, the worker reports persistent right shoulder pain and stiffness which is improving with X. On exam they have motion of X of forward flexion, X abduction passively and actively, X external rotation. An X of the shoulder documented X. There is no documentation of a X. Hence, the request for X is non-certified. Regarding X, the Official Disability Guidelines recommend it as an option for X. In this circumstance, the worker reports persistent right shoulder pain and stiffness which is improving with X. On the exam they have motion of X of forward flexion, X abduction passively and actively, X external rotation. An X of the shoulder documented X. There is no documentation of a X. As such, the request for X is non-certified. In this circumstance, the worker reports persistent right shoulder pain and stiffness which is improving with X. On exam they have motion of X of forward flexion, X abduction passively and actively, X external rotation. An X of the shoulder documented X. There is no

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documentation of a X. As such, the request for X is non-certified. Regarding X, the Official Disability Guidelines recommend it for X. In this circumstance, the worker reports persistent right shoulder pain and stiffness which is improving with X. On exam, they have motion of X of forward flexion, X abduction passively and actively, X external rotation. An X of the shoulder documented X. There is no documentation of X. Hence, the request for X is non-certified. Regarding surgery for X, the Official Disability Guidelines recommend X. In this circumstance, the worker reports persistent right shoulder pain and stiffness which is improving with X. On exam they have motion of X of forward flexion, X abduction passively and actively, X external rotation. An X of the shoulder documented X. There is no documentation of a X. Hence, the request for X is non-certified. In this circumstance, the worker reports persistent right shoulder pain and stiffness which is improving with X. On exam they have motion of X of forward flexion, X abduction passively and actively, X external rotation. An X of the shoulder documented X. There is no documentation of a X. Hence, the request for X is non-certified.”

The requested surgical procedure and its associated requests are not medically necessary. The submitted medical records do not demonstrate that the claimant has X. The imaging report does not support the X. A X is not indicated for the claimant's age. The requested X. For multiple reasons, the X is not medically necessary. No new information has been provided which would overturn the previous denials. 1. X 2. X 3. X 4. X 5. X

6. X

7. X are not medically necessary and non-certified

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

The requested X are not medically necessary. The submitted medical records do not demonstrate that the claimant X. The imaging report does not support the X. A X is not indicated for the claimant's age. The requested X is not indicated given

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the lack of X. For multiple reasons, the X is not medically necessary. No new information has been provided which would overturn the previous denials. 1. X 2. X 3. X 4. X 5. X 6. X 7. X are not medically necessary and non-certified

Upheld

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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