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Notice of Independent Review Decision

IRO reviewer report

X

IRO case number: X

Description of the service to 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

Information provided to the IRO for review:

X

Patient clinical history [Summary]: All of the listed records were reviewed.

The member is a X-year-old individual who sustained an injury on X. The member had a X.

The member was diagnosed with closed nondisplaced fracture of the greater tuberosity of the left humerus, a fall, aftercare following surgery of the

musculoskeletal system, pain in the left humerus, chronic left shoulder pain, left shoulder pain, unspecified chronicity.

According to the office visit by X, D.O., dated X, the member presented for status post fall from standing and reported significant left shoulder pain with numbness and tingling of the fingers. The physical examination was unremarkable. The diagnoses were a closed nondisplaced fracture of the greater tuberosity of the left humerus and a fall. The plan included an X.

According to the office visit by X, PA-C, dated X, the member presented for left arm pain and more pain medication. It was noted that the member X. The member stated that they were still feeling pain in the left shoulder and were concerned about ligament/tendon damage. The physical examination revealed decreased range of motion of the shoulder, forward flexion of X degrees, abduction of X degrees, external rotation of X degrees, and ecchymosis over the anterior upper arm, resolving. The diagnoses were left humeral pain and a closed, nondisplaced fracture of the greater tuberosity of the left humerus. The plan included a follow-up in X to X weeks, a shoulder sling for comfort, X as needed for pain, an X.

According to the office visit by X, M.D., dated X, the member presented approximately X weeks after the original injury and stated that the pain had worsened since X. The member had X. It was noted that the pain continued to worsen. The member had put the X, which improved the pain, and was still waiting to X. The physical examination revealed a X. The diagnoses were aftercare following surgery of the musculoskeletal system, a nondisplaced fracture of the greater tuberosity of the left humerus, and pain in the left humerus. The plan included a follow-up in X.

According to the office visit by X, M.D., dated X, the member had a X. Otherwise, the member X. Elicited shooting pain along a nonspecific distribution since getting X. The physical examination revealed X. The diagnoses were a closed nondisplaced fracture of the greater tuberosity of the left humerus and aftercare following surgery of the musculoskeletal system. The plan included X.

According to the office visit by X, M.D., dated X, the member presented for evaluation regarding the left shoulder pain and greater tuberosity fracture. The member stated that since the X, there had been significant pain and difficulty with the shoulder, and the member was unable to lift it. It was reported that there was some popping in the shoulder. The member had X. It was noted that the member was unsatisfied and very upset at this time. The member continued to complain of left shoulder pain and significant stiffness. The physical examination revealed X. The diagnosis was chronic left shoulder pain. The plan included X.

An X-ray of the left shoulder, clavicle, and acromioclavicular (AC) joint was performed by X, M.D., dated X. The impressions were X.

A magnetic resonance imaging of the left shoulder was performed by X, D.O., dated X. The impressions were X. There was X. The X and X ligaments were X.

According to the office visit by X, M.D., dated X, the member presented for evaluation of left shoulder pain and a suspected greater tuberosity fracture. The member stated that since the X, there had been significant pain and difficulty with the shoulder, and the member was unable to lift it. It was reported that there was some popping in the shoulder. The member had been X. It was noted that the member remained quite frustrated by the lack of progress and strength. The member had no strength in the arm and had not progressed since the last visit. The physical examination revealed X. The diagnoses were aftercare following surgery of the musculoskeletal system, chronic left shoulder pain, a closed nondisplaced fracture of the greater tuberosity of the left humerus, and pain in the left humerus. The plan included X.

According to the office visit by X, M.D., dated X, the member presented for evaluation of left shoulder pain and a greater tuberosity fracture. The member stated that since the X, there had been significant pain and difficulty with the shoulder, and the member was unable to lift it. It was reported that there was some popping in the shoulder. The member had been X. It was noted that the member remained quite frustrated by the lack of progress and strength. The member had no strength in the arm and had not progressed since the last visit. The physical examination revealed

X. The diagnoses were aftercare following surgery of the musculoskeletal system, pre-operative evaluation, and chronic left shoulder pain. The plan included X.

An X-ray of the shoulder was performed by X, M.D., dated X. The impressions were X.

According to the office visit by X, M.D., dated X, the member was scheduled for X on X, but unfortunately did not receive workers' compensation approval to proceed and will need to reschedule. It was noted that the member was requesting an X. The member was frustrated that no one had considered this possibility, stated that they had done extensive research, and believed it should be in the differential diagnosis. The member specifically inquired about X. The physical examination revealed X. The diagnosis was left shoulder pain, unspecified chronicity. The plan included X.

Non-Certify

In this case, the member sustained a X, resulting in a closed nondisplaced fracture of the greater tuberosity of the left humerus with persistent left shoulder pain. The records document ongoing complaints of pain, decreased range of motion, and functional limitations despite use of X. Imaging, including MRI, demonstrated a X. Subsequent imaging noted X. While the member reportedly participated in X notes or discharge documentation have not been submitted for review, and objective documentation of failed conservative management cannot be established. Guidelines recommend X. Based on a review of the medical records, the medical necessity for the requested X has not been established. The proposed X, is not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision: ODG by MCG