

Pure Resolutions LLC
An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 779-3288
Fax: (888) 511-3176
Email: @pureresolutions.com
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: Orthopaedic Surgery

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured at work on X, when X. The diagnosis was right shoulder instability, right shoulder labral tear, right shoulder strain, right shoulder Bankart injury, and right shoulder superior labral tear from anterior to posterior (SLAP) tear.

On X, X was evaluated by X, MD, when X presented for a workers' compensation follow-up regarding X right shoulder. X reported aching pain in the shoulder and stated X had not been able to X. X described experiencing pain when moving X arm, particularly when raising it straight up or bringing it to the side. X denied feeling as though the shoulder came out of the socket at the time of injury but noted that the pain began the following Monday. X mentioned that driving had exacerbated the pain, particularly when using X hand. X expressed frustration with the prolonged process and stated X was ready to do whatever it took to return to work. Right shoulder examination noted range of motion X degrees, X degrees. There was X anterior translation, and it nearly fully dislocated anteriorly inferiorly. Special tests including Surprise test, Apprehension test, and O'Brien's test were X. The assessment was X. The plan was to resubmit for X approval with plan for X. Per the note, MRI images were reviewed for the right shoulder. Findings included a X.

An MRI of the right shoulder dated X, demonstrated X. X were present, which could act as sources for X. X was noted.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the following requested services were denied by X, MD: X. Rationale for denial of CPT X: "The provider recommended an X. This does not meet ODG guidelines for approval at this time. There were no extenuating circumstances or compelling reasons documented that would warrant deviation from the guideline recommendation. Therefore, based on the exam findings and guideline recommendations, X is non-certified." Rationale for denial of CPT X: "The provider recommended an X. The MRI confirms the X. Per the cited guidelines, X is not supported. Also, a X did not meet guideline criteria for certification at this time. In this case, the jurisdiction is all or nothing, meaning if all of the requests do not meet criteria, then the entire request will be non-certified. Therefore, based on X noncertification, exam findings and guideline recommendations, X is noncertified." Rationale for denial of X: "The

provider recommended an X. Medical records show X. The guidelines would support this procedure; however, X did not meet guideline criteria for certification at this time. In this case, the jurisdiction is all or nothing, meaning if all of the requests do not meet criteria, then the entire request will be non-certified. Therefore, based on X non-certification, exam findings and guideline recommendations, X is non-certified.” Rationale for denial of CPT X: “The provider recommended an X. A X is not supported as there was no clear evidence of X months of X. Also, a X did not meet guideline criteria for certification at this time. In this case, the jurisdiction is all or nothing, meaning if all of the requests do not meet criteria, then the entire request will be non-certified. Therefore, based on X non-certification, exam findings and guideline recommendations, X is noncertified.” Rationale for denial of CPT X: “The provider recommended an X. A X did not meet guideline criteria for certification at this time. In this case, the jurisdiction is all or nothing, meaning if all of the requests do not meet criteria, then the entire request will be non-certified. Therefore, based on X non-certification, exam findings and guideline recommendations, X is non-certified.” Rationale for denial of CPT X: “The provider recommended an X. X is not supported per the cited guidelines. The MRI shows X. X was tried for only X weeks, not the required X months. Also, a X did not meet guideline criteria for certification at this time. In this case, the jurisdiction is all or nothing, meaning if all of the requests do not meet criteria, then the entire request will be non-certified. Therefore, based on X non-certification, exam findings and guideline recommendations, X is non-certified.” Rationale for denial of X: “Regarding X, the Official Disability Guidelines were consulted and states a X is recommended as an option for more complex surgical procedures. The findings described above were that X did not meet guideline criteria for certification at this time. Therefore, based on X non-certification, X is non-certified.”

Per a reconsideration review adverse determination letter dated X, the following requested services were denied by X, MD, and the original determination was upheld: X: “Based on the medical records and guideline recommendation, the request for a X is not warranted. The injured worker has right shoulder pain that was worse with lifting and overhead motions, despite X. The right shoulder exhibited decreased X. An MRI showed X. Given the MRI findings of X. Therefore, the appeal request for X is non-certified.” Rationale for denial of CPT X: “Based on the medical records and guideline recommendation, the request for a X is not

warranted. The injured worker has right shoulder pain that was worse with lifting and overhead motions, despite X. The right shoulder exhibited decreased X. An MRI showed X. Although the MRI noted an X and the injured worker has X. The injured worker does not meet the criteria for a X. Therefore, the appeal request for X is non-certified.” Rationale for denial of CPT X: “Based on the medical records and guideline recommendation, the request for a X may be warranted. The injured worker has right shoulder pain that was worse with lifting and overhead motions, despite X. They have a history of X. The right shoulder exhibited decreased X. The provider noted that there was a X. Given the injured worker's history X. However, other requests in this review have been non-certified and this request cannot be certified due to Texas jurisdiction. Therefore, the appeal request for X is non-certified.” Rationale for denial of CPT X: “Based on the medical records and guideline recommendation, the request for a X is not warranted. The injured worker has right shoulder pain that was worse with lifting and overhead motions, despite X. They have a history of X. The right shoulder exhibited decreased X. The provider noted there was a X. Although the MRI stated there was possible X was not visualized on MRI and there were no exam findings indicative of X. There was also no indication of X. Therefore, the appeal request for X is non-certified.” Rationale for denial of CPT X: “Based on the medical records and guideline recommendation, the request for a X is not warranted. The injured worker has right shoulder pain that was worse with lifting and overhead motions, despite X. The right shoulder exhibited X. An MRI of the shoulder revealed X. The MRI does not show evidence of X and the injured worker does not meet the criteria for X. Therefore, the appeal request X is non-certified.” Rationale for denial of CPT X: “Based on the medical records and guideline recommendation, the request for a X is not warranted. The injured worker has right shoulder pain that was worse with lifting and overhead motions, despite X. The right shoulder exhibited decreased X. An MRI of the right shoulder showed X. The injured worker does not meet the criteria for a X as they do not have X and the exam findings were not suggestive of a X. Therefore, the appeal request for X is non-certified.” Rationale for denial of X: “Based on the medical records and guideline recommendation, the request for a X is not warranted. The injured worker has right shoulder pain and the provider has requested for X. However, the requests have been non-certified in this review and, thus, a X is not necessary. Therefore, the appeal request for X is non-certified.”

On X, Dr. X wrote a letter of medical necessity, formally requesting authorization

for X. The request was based on X. Per the Statement of Medical Necessity, “X has reached a plateau with X. Due to the high degree of instability (X on exam) and the presence of a X, X is at an extremely high risk for recurrent injury and long-term disability. Surgical stabilization is a pathway to return this patient to X occupation at X. The patient has been thoroughly counseled on the risks and benefits and is eager to proceed to resolve this matter.”

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

In this case, the patient had a twisting injury to the shoulder and continues to have pain in the right shoulder. X did X. At no point, did the patient have a X. The patient also does not have a X on MRI and for those reasons they requested X. ODG states X may be indicated when X or more of the following are present X. Based on the records provided, the prospective request for X are not medically necessary and the request is upheld.

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
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE