

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

Date of Notice: X

TX IRO Case #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a X for review of the denial of coverage for X.

On X, an X was completed by X, MD. Results showed X.

On X, Office Visit Notes were completed by X, MD. The patient presented with X. They reported X. They also had tingling in their hand yesterday. Pain is mainly on the X. They have been taking X as needed. Exams of the left shoulder noted tenderness to palpation in the greater tuberosity, forward flexion of X degrees, external rotation of X degrees, and X O'Brien's test. X was recommended.

On X, a PT Daily Note was completed by X, DPT. The patient was initially seen with a referring diagnosis of possible labral tear. Date of injury was X. They presented with signs and symptoms consistent with their diagnosis and X. X was recommended.

On X, a PT Daily Note/Discharge Summary was completed by X, DPT. It was noted that the patient had X. They reported X. They were discharged from X and were advised to have a follow-up with their physician for next steps regarding X.

On X, Telehealth Visit Notes were completed by X, MD. The patient had a follow-up for left shoulder and elbow pain. Their left elbow is doing better but they continue to have left shoulder pain and some in the neck and trapezius region. They also have occasional swelling and numbness/tingling to the upper extremity. Orders for X were placed.

On X, an X was completed by X, MD. Results showed X. Exams were otherwise unremarkable.

On X, Telehealth Visit Notes were completed by X, MD. The patient presented for review of X. Their condition is stable but worsens with overhead movements of the shoulder. An X was recommended.

On X, Telehealth Visit Notes were completed by X, MD. The patient reported that X. They still have the same pain especially with overhead movements. Plan noted is to have X.

On X, a Workers Compensation Prior Authorization Request was completed by X, MD. Requests for X were submitted.

On X, Office Visit Notes were completed by X, MD. The patient presented with worsening left shoulder pain despite X. Their pain is currently radiating from the posterior aspect of the shoulder down the arm to the elbow. They also noted X. Exams of the left shoulder noted tenderness to palpation in the biceps tendon, forward flexion of X degrees, external rotation of X degrees, and X O'Brien's and Jobe's test. Diagnoses were superior glenoid labrum lesion of the left shoulder and pain in left shoulder. X was recommended.

On X, a Notice of Adverse Determination – WC Non-Network was completed by X. The request for X has been denied since there was X.

On X, a Notice of Appeal Adverse Determination – WC Non-Network was completed by X. The denial of coverage for X is upheld on appeals. There was no evidence of X.

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

The medical records submitted for review support the requested procedure. In this case, the patient was injured on X. A X on X showed X. Physical exams during their most recent visit on X noted tenderness to palpation in the biceps tendon, forward flexion of X degrees, external rotation of X degrees, and X O'Brien's and Jobe's test, consistent with suspected X. Diagnoses were superior glenoid labrum lesion of the left shoulder and pain in left shoulder. Per ODG, X is indicated in the setting of X. Based on the patient's clinical presentation, X. As such, the denial of coverage for X is overturned since it is considered medically necessary for this patient.

SOURCE OF REVIEW CRITERIA:

- 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 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)