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Austin, TX 78758
#x

PH:

FAX:

IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: X

IRO CASE NO. 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:

Upheld (Agree) **X**

Overtaken (Disagree)

Partially Overtaken (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY SUMMARY

I've recently been able review a case regarding X, who has requested a X which has been denied as being medically unnecessary. The service was requested by Dr. X, MD.

Initial peer review denial generated by X, MD, X. The report states the request is non-certified as the patient has X.

Appeal peer review generated by Dr. X, MD, X, states the decision is upheld on appeal as the patient has X.

Workers Compensation Reconsideration generated by X,X, states the requested services are non certified due to lack of documentation of course of X.

A progress note generated by Dr. X, MD, dated X, initial visit by patient who presented with left shoulder pain after work injury (X). X was X. X works as a X. Reports having limited range of motion. MRI shows X. X has been X; X has pain and weakness at night which keep X awake. X notes catching and popping.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

Exam shows X. There was X.

Assessment was X. The note states X recommends against a X. Also noted range of motion exercises are an option; X recommended X, as stated in the request, X.

Progress note generated by Dr. X, X, documents patient continues to have issues with the shoulder and has been taking X. Exam shows similar findings from the previous visit. Assessment is the same; note discusses X. Note also discusses a X, but X recommends against it. The note X as requested.

MRI report of the left shoulder, dated X, report generated by Dr. X, states patient has X.

Summary of events: A now X with left shoulder pain and weakness after a work injury, occurring X, while X. X exam is consistent with X. Imaging consistent with X. X has been treated with X. X has X. X surgeon is recommending X.

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

Opinion: I agree with the benefit company's decision to deny the requested service.

Reasons/Rationale for Opinion:

I agree the patient has X.

Decision based on ODG.

Additional comments: If the patient X, I do feel X would be medically necessary.

The requested service(s): X is not medically necessary.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL &
ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH &

QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION
POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF
CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE &
EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL
STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE
GUIDELINES

MILLIMAN CARE GUIDELINES

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES X**

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY
ASSURANCE & PRACTICE PARAMETERS

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL
LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID,
OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)

Disclaimer:

The opinions rendered in this clinical case are the opinions of this reviewer. The evaluation was conducted on the basis of the medical documentation as provided with the assumption that the material is true and correct. All of the opinions that are given in this report have been given within a reasonable degree of medical probability. If more information becomes available at a later date, then additional service, reports or reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. The opinion is based on a clinical assessment from the documentation provided.