



Physio
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Notice of Independent Review Decision

IRO Reviewer

Report X

IRO Case Number X

**Description of the services in
dispute**

X

**Description of the qualifications for each physician or health care
provider who reviewed the decision**

X.

Review Outcome: Upheld

Provide a description of the review outcome that clearly states whether
medical necessity exists
for **each** of the health care services in dispute.

Information provided to the IRO for review

X

Patient clinical history

X, date of birth X, is a X individual diagnosed with a strain/sprain of the left shoulder and upper arm and a superior glenoid labrum lesion of the left shoulder and seeking coverage for Left Shoulder Scope SLAP repair, CBC with auto differential panel, CM.P, HbAles. PT, PTT, and Chest X-ray (PA and lateral upright views).

X - MRI Left Shoulder by X - An MRI of the left shoulder on X, revealed a X. Findings also included X.

X - Orthopedic Surgery Referral by X, MD - The X-year-old patient, injured on X, was referred for orthopedic surgery to X, M.D., due to persistent left shoulder pain and limited range of motion. An MRI on X, indicated X. Preauthorization for the referral was X.

X - Peer Review Report by X., M.D. - The request for X was deemed not medically necessary because ODG guidelines recommend X. The patient, injured on X, had tried X.

X - Visit Note by X - The X-year-old patient continued to experience unchanged left shoulder pain, rated X currently and X on bad days, despite completing X. The patient wished to proceed with X, and the physician recommended it, ordering X.

X - Summary by X - It was noted that X, a X-year-old X, followed up on X, for a superior glenoid labrum lesion of the left shoulder. X shoulder pain has not improved despite X. X rates X pain as X, worsening to X on bad days, and experiences weakness and difficulty sleeping. Previous recommendations included X. After discussing X options, X expressed a desire to proceed with X. The physician completed the necessary forms for work restrictions and believes X meets the criteria for X based on MRI findings.

X - Peer Review Report by X, MD - The request for X was deemed not medically necessary due to insufficient documentation of X. The MRI report X. X were also non-certified because the X request was denied.

X - Notice of Adverse Determination from X to X, MD - X issued an adverse determination, non-certifying the requested X. This decision, based on peer review, determined that the requested services did not meet established medical necessity standards. The patient was informed of the right to appeal the decision.

X - Notice of Adverse Determination - Appeal Decision for X by X, MD - X upheld the original non-certification for the patient's appeal of X. X, MD, an Orthopedic Surgeon, reviewed the case and upheld the denial based on acceptable standards of practice and guidelines.

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

X is a X-year-old individual diagnosed with a strain/sprain of the left shoulder and upper arm and a possible glenoid labrum lesion of the left shoulder who is seeking coverage for X.

Official Disability Guidelines (ODG) criteria for X. In this case, available imaging describes a X. Clinically, the individual reports ongoing pain and weakness, with examination findings notable for a positive O'Brien test, near full shoulder range of motion, and supraspinatus strength of X.

ODG criteria further require documentation of X. While records indicate participation in X.

Based on the available documentation, the requested X do not meet medical necessity criteria. Therefore, the denial is upheld.

Description and source of the screening criteria or other clinical basis used to make the decision

ACOEM - American College of Occupational and Environmental Medicine

Um Knowledgebase AHRQ - Agency for Healthcare Research and 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)