

# Pure Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Nov/04/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Cognitive Rehab Program 80 hours, Head, Neck, Lumbar, Hip

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified PM&R; Board Certified Pain Medicine

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 10/18/13, 09/16/13  
Preauthorization request dated 09/11/13  
Reconsideration dated 09/19/13  
PPE dated 09/03/13, 07/11/13  
Neuropsychological evaluation dated 03/22/13  
Preauthorization dated 10/07/13  
Follow up note dated 08/26/13  
Designated doctor evaluation dated 07/19/13  
Impairment rating dated 04/29/13  
Daily progress note dated 07/02/13, 07/01/13  
Group psychotherapy note dated 07/02/13, 07/01/13  
Radiographic report dated 12/13/12  
CT pelvis dated 12/13/12  
CT cervical spine dated 12/13/12  
CT lumbar spine dated 12/13/12  
CT thoracic spine dated 12/13/12  
CT head brain dated 12/13/12  
Biofeedback note dated 07/02/13  
OMR cognitive rehabilitation note dated 07/02/13, 07/01/13, 07/01/13  
Reassessment for continuation in OMR dated 08/28/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. CT of the head/brain dated 12/13/12 is negative. Neuropsychological evaluation dated 03/22/13 indicates that a heavy box fell and hit the patient in the head causing a ground-level fall. The patient has reported a prolonged period of amnesia following this head injury. Neuropsychological testing provided evidence of a severe head injury with multiple areas of weakness including attention, processing speed, poor hearing, poor vision, impaired neuromuscular functioning, etc. Impairment rating dated 04/29/13 indicates that the patient reached maximum medical improvement as of 04/17/13 with 2% whole person impairment. OMR cognitive rehabilitation note dated 07/02/13 indicates that medications include lisinopril-hydrochlorothiazide and Topamax. Diagnoses are cognitive disorder, nos; and pain disorder associated with both psychological factors and a general medical condition, chronic. PPE dated 07/11/13 indicates that required PDL is medium and current PDL is medium. Designated doctor evaluation dated 07/22/13 indicates that diagnoses are sprain/strain cervical spine; concussion, unspecified; sprain/strain shoulder. The patient has not reached maximum medical improvement. Reassessment for continuation in OMR dated 08/28/13 indicates that the patient reports feeling less anxious, feels his stress management skills are better, reports having memory improvements and feels attention and concentration have improved. PPE dated 09/03/13 indicates that current PDL is medium.

Initial request for cognitive rehab program 80 hours was non-certified on 09/16/13 noting that the patient has previously undergone 2 iterations of a cognitive rehabilitation program totaling 160 hours. No information was submitted regarding an individualized care plan with a full explanation as to why improvements cannot be achieved without an extension. Reconsideration request dated 09/19/13 indicates that there is no "set hours for a cognitive rehabilitation program". The denial was upheld on appeal dated 10/18/13 noting that while the documentation submitted for review does indicate the patient has made improvements in treatment, there does seem to be some remaining deficits. While additional cognitive rehabilitation may be beneficial, 80 additional hours are not supported at this time.

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

The patient sustained injuries on xx/xx/xx; however, CT of the head/brain dated 12/13/12 is negative. The patient has reportedly completed 160 hours of cognitive rehabilitation program. There is no clear rationale provided as to why the patient cannot be transitioned to a lower level of care or why 80 additional hours is medically necessary at this time. As such, it is the opinion of the reviewer that the request for Cognitive rehab program 80 hours, head, neck, lumbar, hip is not recommended as medically necessary.

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

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

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