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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/29/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: outpatient vision training 1 ½ units

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Family 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. It is this reviewer's opinion that medical necessity is not established for outpatient vision training 1 ½ units

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx when tripped and fell. The patient sustained a small subarachnoid hemorrhage of the right temporal lobe. The initial neurosurgical evaluation felt the patient did not require surgical intervention. Following the injury, the patient indicated that she had symptoms consistent with vertigo. The patient also reported vision problems and intermittent dizziness. Treatment included suboccipital injections as well as physical therapy with an emphasis on vestibular rehabilitation.

Vision training was also recommended by an independent medical evaluation. Per the most recent physical therapy progress report on 04/19/13, the patient completed 14 sessions for vision training. The report indicated that the patient was working full time but did report some intermittent neck pain and dizziness. The patient was utilizing glasses for peripheral vision. However, she was unable to tolerate a significant amount of activity due to fatigue in the cervical spine and increasing dizziness when she loses control of her head. The patient was unable to ride a bicycle due to balance problems. Objectively, the patient demonstrated gaze nystagmus. There was tenderness to palpation in the levator scapula, sub occipitals and upper trapezius muscles. Reflexes were brisk in the brachioradialis. The patient was continually provided exercise activities and manual interventions for the cervical thoracic spine.

The request for continued vision training was not recommended as medically necessary by utilization review on 03/29/13. There were no further clinical notes regarding what the patient's response would be to vision training or how this training would improve the patient's functional abilities.

The request was again denied by utilization review on 04/05/13 as there was no documentation regarding clinical evidence that this type of training improved functional rehabilitation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND

CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained a mild subarachnoid hemorrhage that did not require surgical intervention on the date of injury. The patient has reported ongoing vertigo and dizziness that has improved with vestibular rehabilitation. In regards to the request for vision training there is no clinical information provided on how this training would reasonably improve the patient's functional status. From the clinical documentation, it does appear the patient's continually receiving physical therapy to address associated suboccipital neck pain. The patient reported intermittent vertigo episodes and dizziness and it is unclear at this point in time how vision training would address these problems. Given the lack of documentation to support the requested vision training in regards to the expected functional outcomes from the therapy, it is this reviewer's opinion that medical necessity is not established for outpatient vision training 1 ½ units and the prior denials are upheld.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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