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IRO Certificate #4599

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Notice of Independent Review Decision

DATE OF 2nd AMENDED REVIEW: February 11, 2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE (AMENDED)

Residential Level Care; Date: 10/10/11 to discharge.

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

Board Certified, Psychiatry

REVIEW OUTCOME

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

Upheld	(Agree) <input checked="" type="checkbox"/>
Overtured	(Disagree)
Partially Overtured	(Agree in Part/ Disagree in Part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Initial Medical Necessity Denial: *Behavioral/ Health*, 10/19/11

Partial Adverse Determination Appeal: *Behavioral Health*/ 10/20/11

*Counselor Notes: 9/25/11 -10/20/11; *Communication Log Assessment, 9/24/11 - 10/25/11;

*Physicians Orders/Notes, *Progress Notes/Self Rpts/Summary: 10/28/11- 9/25/11; *Telephone Day-Time Review Trans., 9/29/11 – 9/25/11; *Admission/Discharge Notes, 10/24/11-12/22/11;

*Vitals, Med's, Lab's, History & Physical: 9/24/11, submitted by: * ***Prevention & Recovery Center***

PATIENT CLINICAL HISTORY:

The patient was admitted to the Hospital for treatment of alcohol dependence on xx/xx/xx. After detox he was transitioned to residential inpatient treatment until October 21, 2011. He was then admitted to partial level of care from October 24 to October 28 and then discharged to outpatient treatment. Hospital records from 10/10/11 forward document that the patient was medically stable, oriented to treatment using skills and behaviors that would have allowed him to continue his treatment at a lower level of care. His wife was supportive of sobriety and there were no logistical impairments that would have interfered with treatment at a lower level of care.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION (Analysis included in 2nd Amendment)

After reviewing the case, in my opinion, the previous decision to deny benefits, should be upheld.

TCADA guidelines for discharge from the residential level of care were met from 10/10/11 forward. There was no documentation that the patient continued to require a 24 hour level of care. He had a supportive home environment and he was demonstrating the use of skills such that the 24 hour level of care was not necessary. The patient was medically stable, he had a supportive home environment, there were no logistical impairments to his continuing treatment in an outpatient program. Criteria used for this review are the TCADA Guidelines.

A DESCRIPTION AND THE 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

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE
PARAMETERS

TEXAS TACADA GUIDELINES X

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE
DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED
GUIDELINES