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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 01/21/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Chiropractor

Description of the service or services in dispute:

OMR Outpatient Brain Injury Rehabilitation Program additional 80 hours

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)

Patient Clinical History (Summary)

The patient is a male who was initially injured on XX/XX/XX when he sustained facial, neck, and head injuries after being hit in the face with a 2 x 4. The neuropsychological evaluation completed on XX/XX/XX indicates the patient presenting with a traumatic head injury. The note indicates the patient had been utilizing Cymbalta, Flexeril, and Mobic in order to address the patient's ongoing dysfunction associated with anxiety and depression. The patient's scores indicated the appropriateness of a brain injury rehabilitation program at that time. Significant deficits were associated with the patient's upper extremity sensation and awareness. The patient also was identified as having significant deficits associated with processing speed and verbal reasoning. The reassessment note dated XX/XX/XX indicates the patient had initiated a brain injury rehabilitation program on XX/XX/XX. The patient's reassessment indicated improvements in nearly all indexes of abilities, adjustments, and participation. The patient also demonstrated improvements with mobility, the use of his hands, vision, and motor speech. The patient also demonstrated memory improvements. The patient was recommended for continuation of a neurocognitive behavioral program at that time. The physical performance evaluation dated XX/XX/XX indicated the patient continued to demonstrate some improvements in nearly all areas. The clinical note dated XX/XX/XX indicates the patient continuing to be recommended for additional treatment addressing his brain injury rehabilitation. The patient continued to report ongoing dizziness and balance issues. The patient also reported ongoing headaches accompanied by nausea. Photo sensitivity also was identified. The patient has been recommended for an additional 80 hours of a brain injury rehabilitation program.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The documentation indicates the patient continuing with complaints of cognitive difficulties as well as headaches, neck pain, and photo sensitivity. There is an indication the patient has completed at least 240 hours of a brain rehabilitation program. There is also an indication the patient has demonstrated some

improvements. However, no information was submitted confirming the patient's improvement in terms of his physical demand level. Given the lack of objective information regarding the patient's ability to return to the workforce manifested through the improvements of his physical demand level, the request is not indicated. Furthermore, while the patient has demonstrated improvements through the previously rendered treatment, no information was submitted regarding the patient's ongoing moderate to severe levels of dysfunction to include cognition and behavioral deficits. Given the lack of information regarding the patient's significant progress in terms of his physical demand level, the request is not indicated. As such, it is the opinion of this reviewer that the request for an OMR outpatient brain rehabilitation program for an additional 80 hours is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)