Envoy Medical Systems, LP
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IRO Certificate #XX

DATE OF REVIEW: 11/30/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX

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

Physician Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

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

Upheld (Agree)

Overturned (Disagree) X

Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

This is a XXXX with history of a XX-related injury in XXXX, resulting eventually in a XX XX XX of the XX XX (XX). Patient is a XX level XX. Most recent clinic visit on XXXX showed history of XX-XX XX XX XX with XX XX XX and XX XX as well as an XX XX requiring XX care in XXXX. XXXX then underwent a XX XX XX on XXXX with a XX (XX) XX and XX (XX). At that visit XXXX indicated that the XX XX was not yet completely XX, but that XXXX has been working XXXX XX XX causing XXXX to list to the XX as documented in the physical examination by XXXX. On XXXX an order was submitted by XXXX, for a XX XX XX with XX XX and a XX-XX XX/XX XX XX component. Review by XXXX. On XXXX showed a conversation took place between XXXX, but XXXX could not make contact with the treating physician and did not have any documentation to review thus resulting in a denial. Another review on XXXX, cited unsuccessful peer to peer phone calls and lack of documentation about why a XX XX was needed vs. a XX XX only.

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

Opinion: I disagree with the benefit company's decision to deny the requested service.

Rationale: This review pertains to the need for a new XX XX XX. Per ODG, XX XX are considered based upon functional status. A XX or XX XX may be considered for patients demonstrating a functional level XX. XX controlled XX XX can also be considered for a XX XX or above. The patient's XX status is clearly documented as being at least XX and XXXX has remained active and working throughout the years after XXXX injury. XXXX underwent a XX XX XX surgery with a XX XX which would change the XX XX of that XX. It may be possible to reuse certain XX of the XX XX such as the XX XX, but with significant XX XX change in the XX XX, one would expect to have change in XX XX loading which would require a new XX and not just a XX as questioned by XXXX. The request for a XX XX XX XX is medically necessary.

DESCRIPTION AND 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 X

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