

Applied Resolutions LLC
An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (817) 405-3524
Fax: (888) 567-5355
Email: justin@appliedresolutionstx.com

IRO REVIEWER REPORT

Date: 1/2/2018 7:12:40 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient brain injury rehabilitation program X 80 hours

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XX-year-old XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as, the patient XXXX. The current diagnosis is documented as chronic posttraumatic headaches; posttraumatic stress disorder.

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

The Official Disability Guidelines indicate that interdisciplinary brain injury rehabilitation programs are supported for patients that are able to benefit from intensive therapy. Total treatment duration should generally range up to 4-6 months. Outpatient treatment is indicated for patients that require neurobehavioral treatment for mild behavioral deficits are for patient to demonstrate moderate to severe cognitive dysfunction. The patient reported muscle spasms and balance problems, as well as memory problems and pain. The physical examination revealed no evidence of thought disorder, hallucinations, delusions or schizophrenia. There was no obvious seizure phenomena observed. There was no evidence of mild to moderate post-concussive symptoms noted. There was no evidence of moderate to severe cognitive dysfunction and no indication that the patient required treatment for multiple rehabilitation disappointments. The records also indicate that the patient had returned to work. Based on the information provided for review, the decision to deny the request for outpatient brain injury rehabilitation program x80 hours is upheld.

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 KNOWLEDGEBASE
- ☐ AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2017, Head, Interdisciplinary rehabilitation programs (TBI)Criteria for Interdisciplinary brain injury rehabilitation programs (postacute care): Admission (applies to moderate and severe TBI):