

# True Resolutions Inc.

An Independent Review Organization

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**Date:** 3/12/2018 2:11:13 PM CST

**IRO CASE #:** XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Brain Injury Rehab X 80 hours

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

## REVIEW OUTCOME:

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

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

## PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The prior treatment included surgery, therapy, medications, vestibular therapy, and a rehabilitation program. On the clinical note dated XXXX, it was noted that the patient continued to engage in therapeutic approaches designed to improve cognitive and psychological functioning as well as vestibular therapy following a traumatic brain injury. The patient scored a 92 T (which was previously 114 T) which indicated the patient reported higher levels of affective complaints, suggesting emotional distress, which likely is negatively affecting the condition. On the NSI cognitive scale XXXX showed a score of 118 T which indicated that the patient reported higher levels of cognitive complaints suggesting increased difficulties performing cognitive tasks. On the NSI somatosensory scale, the patient scored a 91 T (which was previously 116 T) which indicated the patient reported higher levels of somatic complaints suggesting increased physical difficulties or complaints. On the NSI vestibular scale, the patient scored a 101 T which indicated that XXXX was reporting higher levels of vestibular complaints suggesting increased balance type difficulties or complaints. On examination, the patient had an attention/processing speed of 81 and after treatment was 85. The patient experienced overall improvement in daily functioning. The patient was diagnosed with traumatic brain injury and an appeal request for an additional 80 hours of a rehabilitation program was received.

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

The Official Disability Guidelines state that length of stay for brain injury rehab varies due to substantial heterogeneity in brain injury. The records indicate the patient suffered a traumatic brain injury and was previously been treated with a rehabilitation program. The patient scored a 92 T (which was previously

114 T) which indicated the patient reported higher levels of affective complaints, suggesting emotional distress, which likely is negatively affecting the condition. On the NSI cognitive scale XXXX showed a score of 118 T which indicated that the patient reported higher levels of cognitive complaints suggesting increased difficulties performing cognitive tasks. On the NSI somatosensory scale, the patient scored a 91 T (which was previously 116 T) which indicated the patient reported higher levels of somatic complaints suggesting increased physical difficulties or complaints. On the NSI vestibular scale, the patient scored a 101 T which indicated that XXXX was reporting higher levels of vestibular complaints suggesting increased balance type difficulties or complaints. On examination, the patient had an attention/processing speed of 81 and after treatment was 85. Given the patient's improvements in the scores and continued difficulties, the continuation of the program is supported.

As such, the request for "Brain Injury Rehab x 80 hours" is medically necessary and the previously determination is overturned.

**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, 16th Edition (web), 2018, Head/Interdisciplinary rehabilitation programs (TBI).