

IMED, INC.

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[Date notice sent to all parties]:

03/23/2019 and 03/31/2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX Therapy

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

Board Certified Orthopedics

REVIEW OUTCOME:

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

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records that have been provided do not document the mechanism of injury. The diagnoses that are noted include fracture of the XX XX and XX of the XX XX. The claimant has received XX treatments of formal XX therapy, has been in a XX XX, and was using XX for XX. The last dictation from the therapist on XX noted that there was minimal motion in the XX, XX throughout the XX and XX, and XX coloration of the XX beginning at the XX joint. The claimant had XX XX of activities of XX XX. The therapist also noted that there was progress during treatment including greater motion, greater muscle strength, and greater sensitivity above the XX.

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

This request is non-certified and not medically necessary due to the claimant having exceeded treatment recommendations for the XX XX. The claimant had XX treatments of formal XX therapy with improvement.

In addition, the documentation from the treating doctor does not establish required criteria for the diagnosis of XX. There is no notice of temperature change, XX, or change in sweating. There are subjective complaints of XX and XX, but these complaints are variable and are not supported by actual objective physical findings.

Therefore, the request for additional physical medicine treatments is not medically necessary due to not meeting criteria of ODG for these diagnoses.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG documentation for treatment of XX, (Budapest criteria)

XX