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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	X
X Utilization Review Determinations	X
X XX & XX XX Referral to Occupational Therapy Prior Authorization Request Plan of Care	X
X XX XX Clinical Notes	X

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who has filed a claim for X pain reportedly associated with an industrial injury sustained X. In a utilization review (UR) report dated X, the claims administrator failed to approve a request for X additional sessions of X. The claims administrator alluded to the



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claimant's having received X prior sessions of post-X following surgery for X. The claimant and/or the attending provider subsequently appealed. On an encounter dated X, the attending provider alluded to the claimant's having undergone prior X - repair of X - X on X. The claimant's medication list included X. It was unclear when the claimant's medication list had last been established. The claimant's BMI was X. The attending provider stated that the claimant was stable. The claimant was asked to continue X. The claimant did not exhibit X. On a work status report dated X, work restrictions were imposed. It was not explicitly stated whether the claimant was or was not working with said limitations in place. On an order form dated X, additional X was ordered. On an associated encounter dated X, the claimant was described as X improved. The claimant was making slow progress. It was stated that the claimant had "returned to work at full capacity." X were, at times problematic owing to issues with mild pain associated with performing said tasks, particularly lifting tasks. The claimant exhibited a well-preserved X strength in the X pounds about the X versus X pounds about the X.

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



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Per ODG references, the requested "X" is not medically necessary. The claimant has had prior treatment (X documented treatments, per the claims administrator's UR report), i.e., treatment in excess of the X-session course recommended in ODG's X Chapter X Guidelines following surgery for X as in this case, and also represents treatment in excess of the X-session post-operative course recommended in ODG's X Chapter following surgery for X, as is also in this case. ODG further stipulates that the frequency of treatment should be appropriately tapered or faded over time, as claimant's' transition to self-directed home-based physical medicine.

Here, the claimant's already successful return to regular duty work, well-preserved X evident on an X therapy progress note dated X, and lack of significant residual physical or functional impairment present as of that date, taken together, suggested that the claimant can, in fact, transition to an X management program or an X exercise program without the lengthy formal course of treatment in question. Therefore, the request is not medically necessary.

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



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- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE KNOWLEDGE BASE
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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 A DESCRIPTION)



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OTHER EVIDENCE BASED, SCIENTIFICALLY
VALID, OUTCOME
FOCUSED GUIDELINES