

*Applied Independent Review
An Independent Review Organization*

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Information Provided to the IRO for Review:

- Physical Therapy Notes - X
- Clinical Records - X
- Utilization Review Determination Letter - X
- Reconsideration Adverse Determination Letter - X
- Attorney Letter - X

Patient Clinical History (Summary)

X who was injured on X when X XX on a X. X was diagnosed with X.

On X, X presented to X, MD for follow-up for the X. X was X months status post X. X reported feeling better and remained off work. X examination revealed the X. X range of motion showed X of X, abduction, external rotation, and internal rotation to the X. The rest of the physical examination was unremarkable. X was noted to be approximately X of the way toward meeting the physical requirements of X job. X was started and X referral provided. X was returned to work with restrictions as of X. The restrictions included X.

On X, X was evaluated by X, X. X reported X had perceived X improvement and felt increased X pain and had resorted back to taking X. The pain was rated as X. X was able to perform activities of daily living independently. X was performing X program on a daily basis. The impairments identified during the examination which prevented X from performing activities of daily living were pain, muscle performance and joint mobility. X had been regressing the prior few weeks with decreased active and passive range of motion.

Applied Independent Review
Notice of Independent Review Decision

Case Number:

Date of Notice:

Treatment to date consisted of X (undated).

Per a utilization review determination letter by X, MD dated X, the request for X was non-certified. Rationale: It could not be determined when the surgery, if any, was done on the X. The injury was over X months prior, and X had X. There was no literature to support the use of the X. The request was not supported by the Official Disability Guidelines; therefore, the requested X was not medically necessary or appropriate.

A reconsideration (appeal) adverse determination letter dated X by X, MD indicated that the reconsideration request for X was denied. Rationale: "Reviews of submitted document provided, reports a previous X of unknown date with completion of at least X X sessions. Prior denial was based on, it could not be determined when the surgery if any was done on the X for this patient. The injury is over X months old and the patient has X. There is no literature to support the use of the X. The request is not supported by the ODG. An appeal to prior cites ODG stating lack evidence that X weeks of X alone has been clearly unsuccessful in adequately correcting range of motion limitations secondary to refractory X, otherwise needing X. Refers to clinical notes for range of motion. Per X encounter with range of motion flexion active 0-X degree, extension 0-X degree, abduction 0-X degree, internal rotation 0-X degree, and external rotation 0-X degree. All motions expressed in active, no reported passive motion. The claimant is reported to have reached X of X goal at visit. Although guidelines allow for provision, this device cannot yet be broadly recommended, it is an alternative option in conjunction with continued X if X weeks of X alone has been clearly unsuccessful in adequately correcting range of motion limitations secondary to X, otherwise needing X. In this situation, it could be considered on a case-by-case basis for an initial X week XX XX in conjunction with X as an alternative to more invasive (and costly) surgical procedures. If the patient subsequently experiences well documented gains in motion, then additional approval for a maximum of X additional weeks could also be reasonably considered. However, without further discussion to X prior denial and the

requested did not reflect X weeks as mentioned in the guidelines, I am unable to certify. Therefore, based on the lack of guideline support and lack of sufficient documentation to deviate from guidelines, the request for an X is recommended not certified.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The ODG states X are under study for X, and while these XX cannot yet be broadly recommended, they are an alternative option in conjunction with continued X if X weeks of X alone has been clearly unsuccessful in adequately correcting range of motion limitations secondary to X otherwise needing X and or X. In this situation, the ODG states the XX could be considered on a case-by-case basis for an initial four-week XX XX. They provided documentation indicates that as of X, the injured worker had persistent X pain approximately X months out from surgery with forward flexion of X, abduction X, external rotation X, and internal rotation to the X. The X persisted despite greater than X weeks of postoperative therapy. However, there is no indication if the XX is being requested for XX or XX. If XX is being requested, the duration of XX is not documented.

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07/29/2019

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Therefore, the medical necessity of the request cannot be determined. Given the documentation available, the requested service(s) is considered not medically necessary. As such, recommendation is for X the two prior denials.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental
Medicine um knowledgebase AHRQ-Agency for Healthcare
- Research and Quality Guidelines
- DWC-Division of Workers Compensation
Policies and 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 and
Treatment Guidelines Pressley Reed,
- the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance
- and Practice Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual

Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)