

## **IMED, INC.**

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### **INFORMATION PROVIDED TO THE IRO**

#### **FOR REVIEW:**

Cover sheet and working documents  
Notice of assignment to independent review organization X  
Notice to utilization review agent of assignment to  
independent review organization X  
Physical therapy preauthorization request X  
History and physical X  
Order requisition report X  
Progress note X  
Letter of denial of requested services X  
Peer review report X  
Letter upholding non-certification X  
Peer review report X  
Request for a review by an independent review organization X

### **PATIENT CLINICAL HISTORY**

## **[SUMMARY]:**

The patient is a X whose date of injury is X. The patient underwent X on X. The patient has not been able to return to work due to X. Progress report dated X indicates that the patient is not receiving X. Overall, the patient is improving. The patient reports no significant X and no X. The patient is taking X. History and physical dated X indicates that the patient reports for X evaluation and treatment for X rehab. Pain is rated as X. On physical examination X range of motion is X. X range of motion is X, X, X within functional limits, X minimal deficits. X test is moderately positive X. The initial request for X for the X was non-certified noting that ODG notes that postoperative treatment following X is not recommended as ODG notes that there is only limited evidence in favor of the same. ODG also notes that X or X is rarely needed following X, as transpired here, and also states that treatment, when furnished, should be limited to X visits postoperatively. The request for X treatments is at odds with ODG's X Chapter Physical Medicine Treatment topic. The denial was X on appeal noting that as per the ODG 2019, "post-surgical treatment (X) is not recommended, but X visits over X weeks for unusual levels of pain or stiffness." In this case, the examination findings did not suggest unusual levels of pain or stiffness. Additionally, this request exceeds the guidelines and cannot be modified without reviewer consent.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are X. The patient is status X. The Official Disability Guidelines note that post-surgical treatment is not recommended, but X for unusual levels of pain or stiffness could be appropriate. The submitted clinical records fail to document unusual levels of pain or stiffness. There are no contraindications to a X program documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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

X ODG- OFFICIAL DISABILITY GUIDELINES &  
TREATMENT GUIDELINES