

## True Resolutions Inc.

### *Notice of Independent Review Decision*

Case Number:

Date of Notice: 8/5/2019 6:01:18 PM CST

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True Resolutions Inc.  
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#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:** • Clinical Records –X

- Texas Workers' Compensation Work Status Report –X
- Utilization Review –X
- Peer Reviews –X
- Adverse Determination Letters –X
- Diagnostic Data –X

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who sustained an injury on X to X after X was involved in a XX XX XX. X was the X XX. A X XX on the X. The XX was XX. X denied X(X). Per an office visit note by X, MD dated X, X still had pain and X and X as well as X pain. X also had various X around X body. On physical examination of the X, there was X at the X. There was X to X. X could X. There was an intact sensation to X. X was positive for X. There were limited X and X due to X and X. There was an intact sensation to X in the X. On X, X and there was full active (X) with X. X returned for a follow-up to X, MD on X. X was now X weeks status post XX XX XX, resulting in a X. X also sustained significant trauma to the X. X was never a X. X body mass index (BMI) was X. On examination, X was X with the use of a X and use of a X. However, X tolerated full X. Prior treatments included A X, a X, and X. Ongoing medications included X as needed for pain. X-rays of the X were reviewed, which showed A X; however, there was no actual report to support this information. Per an office visit note by X, MD dated X, X still had X pain and X despite continued use of a X. It is noted that MRI and CT are consistent with X injury with X, X, and X. X-rays of the X dated X revealed no

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fractures of the X. However, there was a X at the base of the X. There was a X of the X, and there appeared to be X between the X space signifying a possible X injury. On examination, there is X over the X and X and X. The provider indicates X and X MRI demonstrate a X. Open X physician X and X to address X injury is recommended. Magnetic resonance imaging (MRI) of the X dated X revealed findings compatible with high-grade X. There was very minimal X of the X base. There were multiple X, essentially involving nearly all the visualized X; X involving the X, X. There was a X with overlying X; X injury of the X; X of the base of the X; and X of the X. Given the multiple other regions of significant X, additional X in other X were suspected. Correlation with prior imaging for X locations was recommended. Computerized tomography (CT) of the X by X, MD dated X showed essentially X, X involving the bases of the X, the X. There was minimal X of the X(X) X by X. There was a X, X of the X without X. There were X, X appearing X from the X. There was a X, possibly minimally displaced X. An adverse determination dated X indicated the request for X, X, X was not certified. The reviewer noted that the subjective and objective clinical findings presented were insufficient to indicate the need for the requested surgical interventions. There was no mention of reports of pain, which were aggravated by X and X and relieved by X as indicated by guidelines. There was also no objective evidence of X. Moreover, submitted medicals were limited to validate the exhaustion and failure from adequate conservative treatment modalities prior to considering these invasive procedures. It was unclear if X had tried and utilized X. Clarification was needed regarding the request and how this might affect X clinical outcomes. Exceptional factors were not present. An adverse determination letter X was documented. Rationale: "Per evidence-based guidelines, X surgery is recommended for patients with significant subjective complaints and objective findings corroborated by imaging report and after exhaustion of conservative care. In this case, the patient had pain and X of the X. MRI of the X dated X revealed findings compatible with X. There was very minimal X of the X base. CT of the X showed essentially X, X involving the bases of the X, the X aspect of the X. A X was requested; however, there were still limited objective finding that would warrant the need for the current request. There was no mention if the pain was

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aggravated by X and X. There was no X to determine the significant decrease in motion. Exhaustion from prior use of conservative treatments was not fully established. Clarification is still needed regarding the request and how this may affect the patient's clinical outcomes. Exceptional factors were not present. The concurrently requested X is not substantiated thereby precluding the request for X.”

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

The ODG states X injury surgery is recommended if there is a X of the X positioning of the X. The ODG recommends a single preoperative dose of antibiotics to decrease risk of infection in patients undergoing X surgery. The provided documentation indicates there is a X injury with persistent pain and X out from injury despite continued treatment in a X. Advanced imaging has confirmed a X injury that includes X of the X.

Based on the provided documentation and ODG recommendation, the request for X; X –X is medically necessary.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES