

True Resolutions Inc.

Notice of Independent Review Decision

Case Number:

Date of Notice: 8/15/2019 2:31:45 PM CST

True Resolutions Inc.
An Independent Review Organization
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- INFORMATION PROVIDED TO THE IRO FOR REVIEW:**
- Clinical Records –X
 - Peer Review –X
 - Adverse Determination Letter –X
 - Reconsideration Adverse Determination Letter –X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X was status X. X was diagnosed with complication of X, X. X, MD evaluated X on X for an X. X presented with the X who was an X. X had X. X did not have the X or pain at the time. X was status post X done by Dr. X about X to X years prior. X had pain in and about the X and did not have good X. It sat in an extended position at the X. X was also complaining of X to the X. X stated it was tolerable and was not keeping X awake. The examination revealed X for pain; no pain to palpation over the X, but tenderness in the deep X, it could be the area of the retracted X (X), which had X; abnormal light touch sensation at rest in the X; positive X; limited X; limited X where X sustained X previously about X to X years prior; and X especially with X(X) resistance to the X. X returned to see Dr. X on X for a follow-up regarding the X. X reported pain near the X, as well as X. There had been a X of the X (X), likely due to X. X-ray documented X. X required a X. Per the visit note dated X, x-rays of the X, well-X, and nonunion noted at the X. The treatment to date included medications and surgical intervention (X). Per a utilization review determination letter and peer review dated X by X, MD, the request for removal of X, X pre-operative labs, X was denied. Rationale: "Per ODG, routine X is not recommended except with exposed or X pain after ruling out other causes of pain such as X. There is no evidence of X pain after ruling out other causes of pain such as X. The

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claimant is status post open XX and X. The records did not include any recent imaging of the X noting any evidence of X or issues with the claimant's X that would support proceeding with further surgery. Additionally, the claimant's last clinical assessment is more than X months old and there is no documentation regarding failure of non-operative measures. Given these issues, this reviewer cannot recommend certification for the request.” Per a utilization review determination letter and peer review dated X by X, MD, the appeal request for X was non-certified. Rationale: “The surgical request was previously denied because there was no evidence of X pain after ruling out other causes of pain such as X. The records did not include any recent imaging of the X noting any evidence of X or issues with the claimant’s X that would support proceeding with further surgery. There was no documentation regarding failure of non-operative measures. The ODG supports the repair of X, as well as a X for X. The ODG does not have a recommendation regarding the X. The documentation provided indicates that the injured worker has ongoing complaints of pain at the X, as well as X following an X. The treating provider indicates that a physical examination documents X. There is no documentation of reduced X. The treating provider has indicated a diagnosis of a X. There is a request for a X, X, a X, and X. Based on the documentation provided, the medical necessity for the procedure cannot be established as there is no documentation of a reduced range of motion or strength of the X indicating evidence of a X. Additionally, there is no documentation of an additionally reduced range of motion or a painful range of motion supporting X. As such, the request is recommended for non-certification.”

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

The ODG supports the repair of X. The ODG supports X of pain have been ruled out. The ODG does not have a recommendation regarding X. The documentation provided indicates that the injured worker has complaints of some pain as well as X with history of an X. A physical examination documented X is likely retracted to. The provider indicated a diagnosis of a X. The provider has requested a X, X.

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Additionally, there is a request for X, X. Based on the documentation provided, the requested surgical interventions as well as pre-and postoperative care would not be supported by the ODG as there is no clear diagnosis of a X, X. Given the documentation available, the requested service(s) is considered not medically necessary and the decision is upheld.

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