

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

Case Number:

Date of Notice: 8/9/2019 9:30:32 AM CST

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**Independent Resolutions Inc.**  
**An Independent Review Organization**  
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**INFORMATION PROVIDED TO THE IRO FOR REVIEW:** • Clinical Records –X

- Texas Workers' Compensation Work Status Reports –X
- Diagnostic Data –X
- Utilization Reviews –X
- Physical Therapy Notes –X
- Peer Reviews –X
- Appeal Letter – Undated

**PATIENT CLINICAL HISTORY [SUMMARY]:** X with a date of injury. X sustained an injury when X pain. X was diagnosed with X, not elsewhere classified; X; difficulty in X, not elsewhere classified; X, not elsewhere classified; pain in X; and X or X, not specified as traumatic. On X, X was evaluated by X, MD for the X injury occurred on X. X had surgery done on X for a X. X was having X pain described as X. X would like to get a new script for X. X had been improving significantly both with X as well as X pain. The examination showed X. Motor X was X with X, X rotation. An MRI of the X dated X revealed X and both X. X. X and X injury of the X. X injury of the X. Evidence of near complete X the site of XX attachment to the superior X with very few X attached along the X. Significant ill-defined altered signal intensity involving the X, representing X / X was noted. There was mild X, with a X. Moderate changes of X (X) was noted. subtle areas of altered X signal involving the X and the X region, suggestive of X with X. Mild X around the X was seen. X collection in the X along the X of the X. Few X and X contents within the area, suggestive of X formation was observed. An MRI of the X dated X revealed near

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complete X of X with retraction of the X. Small X involving the X of X. X from the X group. X was thickened with X signal, suggestive of X. Mild changes of X. Subtle altered signal intensity involving the XX, representing degenerative X. X was noted. X in the X. Mild X of the X. Thickening of X, with suspicious X attachment of the X. Superior X of the X. Suggestion of X involving the X the X. A small X in relation to the X. That could represent a small X. An area of altered signal intensity X. An ill-defined X signal involving the X, X and also with mild fluid along the X of the X, suggestive of X. The treatment to date included X, X (X sessions), and surgical intervention (X, X of X and superior aspect of the X of X.) Per utilization review determination letter by X, MD dated X, the request for X physical therapy visits for X was denied. It was determined that the submitted clinical records indicated that X had completed at least X visits following X performed on X. The evidence based guidelines supported up to X sessions of X for the diagnosis, and there was no clear rationale provided to support exceeding the recommendation. When treatment duration and / or number of visits exceeded the guidelines, exceptional factors should be noted. There were no exceptional factors of delayed recovery documented. A letter dated X by X, MD indicated that the reconsideration request for X physical therapy visits for the X was non-certified. Rationale: "Per evidence-based guidelines, X visits over X weeks of X is recommended for the post-surgical treatment for X. Per utilization review determination, the patient underwent X, X of X and superior aspect of the X, and X of X and X surfaces on X. It was also noted that the patient completed X sessions of X for the X. A request for an additional X therapy visits for the X was made. However, the request, in addition to the completed visits, already exceeded the recommendations. Exceptional factors could not be clearly identified to support ongoing supervised X versus maintenance X."

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

The ODG recommends up to X visits of X following X and X. The provided

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documentation indicates the injured worker underwent X and X on X and completed X sessions of X therapy. While the progress note from X documents some persistent pain and functional limitation, there is no evidence that the remaining X could not be addressed with a X program which the injured worker should have been well-versed in following X supervised X visits. Based on the provided documentation, the request for X visits for the X is not medically necessary. Recommendation is to X the two prior denials.

Given the documentation available, the requested service(s) is considered not medically necessary and the request is X.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL