

**US Decisions Inc.**  
**An Independent Review Organization**  
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***Information Provided to the IRO for Review***

- Clinical Record – X
- Progress Update Reports –X
- Utilization Review Reports – X

***Patient Clinical History (Summary)***

X is a X with date of injury X. X was involved in a work-related injury when X X. X was noted to have X. Additional X.

On X, X was evaluated by X, MD for a follow-up regarding X work-related injury. At the time, X had a X and had been stabilized with X. X had completed X in the X and was ready to move to a X. With regard to X, the X strength was both X. The X strength was X on the modified X scale with increased tone. With the continued use of the X, X had X daily. X changed X X between X and X hours. The dose of X was being increased. X continued to remain at X for X progress on X and X. The occupational therapist at X was working on X for X. X also participated in X to work on X X. X continued to require X support for most activities. X was not able to complete without assistance for X X. The X examination was within X. X was unable to return to work secondary to X and had need for additional education.

Per a Progress Update from X, X was seen at X. X had made X and had been recommended for X program to maximize functional gains in the most appropriate environment. X had X. X had a X who visited and corresponded X. The barriers to independent living were X, X, X, and X. X

***Notice of Independent Review Decision***

Case Number:

Date of Notice: 07/23/19

required X from X transfers, due to not being able to manage X in the event X. X was able to transfer by X when its level to a firm surface with X X properly positioned at a X. At times, X could lose X when trying to position X own XX. X required standby assistance and XX prompts to manage the components of X chair efficiently including putting X back on X chair and reaching for armrests that had been removed for an effective transfer. X would be working at the residence on all components of X for these tasks in order to achieve independence and safely complete tasks. X core stability had improved and X continued to reach outside of X base of support and lose X. X was unable to complete X when X, X when X was X. X tone activated it causing X trunk to X resulting in a X. X continued to demonstrate difficulty X. X was seen by X, PT;X, PTA;X, OTR/L during the rehabilitation.

The treatment to date consisted of X program.

Per a Utilization Review / Physician Advisor Report dated X, a request for continued X was non-certified by X, DO. Rationale: "A peer to peer discussion was unsuccessful despite calls to the doctor's office. The ODG does recommend X programs for patients who require X approach. Given the patient's complex X, this would be reasonable. However, an updated assessment within the last X days is not provided to support that the patient continues to need services on an X basis. The documentation does not indicate that the patient X services. As such, the requested continued X is not certified. Recommend non-certification."

Per a Utilization Review / Physician Advisor Report dated X, X, MD non-certified the requested service X. Rationale: "Called the requesting provider, but peer to peer was not established. The previous request for

***Notice of Independent Review Decision***

Case Number:

Date of Notice: 07/23/19

continued X was noncertified on X due to lack of documentation of functional gains within the X. The decision was appealed, and the current request is for continued X. Official disability guidelines recommend X programs for patients who require X with a X approach in which they do not have a X to participate effectively in an outpatient program. The patient does have X. The patient had documented X with activities of daily living with the use of X. Also, the patient is X. However, there was no updated documentation to include a X days to support that the patient continues to need services on an X basis. In addition, the documentation does not provide X. Therefore, there is a lack of evidence to support the continued X. As such, the request for continued X is non-certified.”

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

The Official Disability Guidelines discuss the principles of physical medicine, which should be prescribed on an individualized basis with specific goals discussed between the treating physician and therapist. The patient has a X. Considering the patient’s X, the patient would be anticipated to have likely X. The current records are not available to explain why additional X are required or what the specific current goals would be for such a program. Therefore at this time this request is not medically necessary and should be X.

***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
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and Guidelines

US Decisions Inc.

***Notice of Independent Review Decision***

Case Number:

Date of Notice: 07/23/19

European Guidelines for Management of Chronic XX XX 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 Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

**Appeal Information**

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division)

US Decisions Inc.

***Notice of Independent Review Decision***

Case Number:

Date of Notice: 07/23/19

Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:  
Chief Clerk of Proceedings Texas Department of Insurance  
Division of Workers' Compensation P. O. Box 17787  
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.