

Pure Resolutions LLC

Notice of Independent Review Decision

Case Number:

Date of Notice: 8/5/2019 4:15:15 PM CST

Pure Resolutions LLC
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INFORMATION PROVIDED TO THE IRO FOR REVIEW: • Occupational Therapy Note

X

- Physical Therapy Notes –X
- Adverse Determination Letter –X
- Appeal Letter –X

PATIENT CLINICAL HISTORY [SUMMARY]: X with date of injury X. The biomechanics of the injury was not available in the records. X was diagnosed with X, subsequent encounter (X). X presented to X, PT on X for X complaints. X had suffered X. X biggest XX was not being able to use X. X had lost X “X.” X ongoing limitations included X. Per X, X was doing well and was progressing well with treatment. Rehabilitation potential was noted to be good. Treatment to date included X. Per a letter of adverse determination dated X by X, RN, the request for X, X was denied. It was determined that the request was not medically necessary or appropriate. The principal reason(s) for denying these services or treatment were as follows: “The claimant is documented to be a X. The date of injury is listed as X. The described mechanism of injury is not documented. Diagnosis is a X, subsequent encounter. A medical document dated X indicated that treatment was to be provided to a X. There was a documented diagnosis of a X. There was no documentation of a significant comorbid medical condition, past medical history, or past surgical history. Specifics were not provided with regard to subjective symptoms and objective findings on physical examination. The request is for X.” The clinical basis for denying these services or treatment was as follows: “Called the requesting provider but peer

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to peer was not established. A request is submitted for treatment in the form of X. The submitted clinical documentation is somewhat limited in nature. The submitted clinical documentation does not provide specifics to indicate whether there has been a previous attempt at treatment in the form of supervised rehabilitation services. There is no documentation with regard to subjective symptoms and objective findings on physical examination. Consequently, based upon the medical documentation available for review, medical necessity for treatment in the form of X is not established. The submitted clinical documentation is not sufficient to support this request to be one of medical necessity. Recommend noncertification.” On X, a reconsideration request for X was made by the X team. Per a denial letter dated X by X, RN, the appeal for X was denied. It was determined that the request did not meet the necessary medical guidelines. The rationale used in making the determination was as follows: “This case involves a now X patient with an X claim from X. The request for authorization is an appeal for X. The rationale for declination of the request was there was no documentation of subjective symptoms and objective findings on examination. Consequently, based upon the medical documentation available for review, medical necessity for treatment in the form of X is not established. The mechanism of injury was not detailed in the information provided for review. There was a daily clinic note dated X. The diagnosis was X, and pain in the X. There was documentation the patient had surgery on X for X (X) X of the "X". There was documentation that the patient was being seen for visit # X. Subjective information provided by the patient reported X biggest frustration was not being able to use X. Before the injury, the patient had no limitations with X. The physician reported no pertinent past medical history. The assessment by the therapist was that the patient was doing well and progressing well with treatment, X rehab potential was good, and the patient had limitations with X objects. This is an appeal request for X. A peer-to-peer conversation has been established with X, OT, the requesting provider. The official disability guidelines state that post-X is recommended at X visits over X weeks. In the clinical records submitted for review, the patient was X and had completed X sessions of X. The patient reported that X was unable to use X X. However, there were no objective findings documenting a deficit to the X, or X that would require additional X that was in excess of the guideline recommendations. I

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called and spoke with the occupational therapist; X and we had a peer-to-peer discussion concerning the patient. The therapist had no information about the patient's work status or X job description. X did not know if the patient was able to return to work with modification. X admitted that the patient was completely independent with home activities of daily living. The patient's X was damaged, and the patient was noted to be X. The patient had completed X outpatient OT visits. Without knowing the patient's job description, return to work status or functional restriction, there was no clinical indication to continue additional outpatient X. Therefore, the request for X is non-certified."

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

The ODG supports up to X sessions of X following surgical intervention for a X. The documentation provided indicates that the injured worker has ongoing complaints of reduced function of the X following surgical intervention for a X. The injured worker has attended X sessions of X. It is unclear what current deficits remain and if previous therapy has been efficacious. There is a request for X additional visits of X. Based upon the documentation, the ODG would not support the additional X as guidelines have already been exceeded, there is no documentation of X, and no indication that previous therapy was efficacious.

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

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