

I-Resolutions Inc.
An Independent Review Organization
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Patient Clinical History (Summary)

X who was injured on X. The mechanism of the injury is not available in the medical records. The diagnoses were X.

Per the X chart note by X, PT, X presented with X pain, X. X had X. Per X, X would benefit from X to improve X as well as alleviate pain, so X may use the X for activities of daily living with less pain and difficulty. The recommended plan included X, X.

Treatment to date included a X.

On X, a Utilization Review Determination recommended adverse determination for the request of X. Rationale: "Based on the provided documentation and Official Disability Guidelines recommendation, X are medically necessary, but CPT codes X are not medically necessary. Recommendation would be made for partial certification; however, as I was unable to reach the treating physician to discuss treatment modification, the request is recommended for adverse determination."

On X, the appeal for X was non-certified. Rationale: "In my judgment, the clinical information provided does not establish the medical necessity of this request. The Official Disability Guidelines, Work Loss Data Institute (24th annual edition), X. The Official Disability Guidelines recommend up to X, The Official Disability Guidelines do not support the passive X, The available information indicates the injured worker underwent X. The X therapy note indicated the injured worker had completed X. There is

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mention of improvement but persistent functional deficits. Based on the provided documentation and Official Disability Guidelines recommendation, X are not medically necessary, but X are medically necessary. Recommendation would be for partial certification, However, as I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time. Therefore, the request for X is recommended for adverse determination.”

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

Partial certification:
Certify: physical therapy X
Non-certify: X

The ODG supports up to X. The ODG does not support X. Based on the clinical documentation provided, the injured worker initially underwent a X. They have completed X following the X with improvements, but deficits remain. There were no extenuating circumstances provided that would support the need for therapy beyond the guideline recommendations or that would preclude them from proceeding with a X upon completion of X. There were no exceptional factors provided that would support the need for X. Based on the ODG recommendations and available information, X are not medically necessary; however, X are medically necessary. The recommendation is for partial certification.

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
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria

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- 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
- 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) 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

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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.