

# Clear Resolutions Inc.

An Independent Review Organization

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## *Review Outcome*

### **Description of the service or services in dispute:**

XX status examination (two hours) and XX assessment (18 hours) on XX

XX: XX status examination (two units)

XX: XX testing (18 units)

### **Description of the qualifications for each physician or other health care provider who reviewed the decision:**

Board Certified Psychologist

### **Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:**

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

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

XX is XX who was injured at work on XX. XX reported the onset was associated with XX XX XX from a XX. The exact mechanism of injury was not available in the records. XX was diagnosed with XX XX XX of the XX XX, sprain of the XX, strain of the muscle and tendon of the XX, XX of the XX XX, XX, XX, and XX.

On XX, XX presented to XX for a follow-up of pain in the XX XX, which had originally been seen on XX. The pain was rated 0/10 at the time and had improved from the prior visit when it was XX/10. XX reported that a non-work-related event or illness possibly contributed to or was related to the development of symptoms. XX reported that the pain / pressure radiated from the XX XX into the XX XX. The onset of symptoms was associated with XX XX XX. XX worked on XX. The examination findings were unremarkable. The assessment included sprain of the ligaments of the XX XX, XX, strain of the XX, and XX of the XX XX. XX was deemed fit for duty without restrictions from XX. A referral to neurology was made.

The treatment to date included medications (XX medication, XX, XX, XX, XX, XX XX, and XX).

Per a peer review dated XX by XX, the requests for XX status examination x 2 hours and XX assessment x 18 hours were deemed to be not medically necessary and were noncertified. The explanation for assessment of XX status examination x 2 hours was as follows: "Official Disability Guideline notes, "Recommend screening for associated symptoms / conditions requiring treatment. The claimant is with XX history of XX injury with no documented XX or XX problems for whom XX evaluation is not clinically supported or substantiated on an industrial basis as per the industrial guidelines. In as much as the industrial criteria for medical (XX) necessity is satisfied, I am recommending non-certification for the XX evaluation with testing requested." The explanation for assessment of XX assessment x 18 hours was as follows: "Official Disability Guidelines notes, "Recommended for XX XX injury, but not for XX unless symptoms persist beyond XX days. For XX / mild XX, comprehensive XX / XX testing is not recommended during the first XX days post-injury, but should symptoms persist beyond XX days, testing would be appropriate." The claimant is with XX history of XX injury with no documented XX or XX problems for whom XX evaluation is not clinically supported or substantiated on an industrial basis as

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per the industrial guidelines. In as much as the industrial criteria for medical (XX) necessity are satisfied, I am recommending non-certification for the XX evaluation with testing required.”

Per an adverse determination letter dated XX, the requests for XX status examination x 2 hours and neuropsychological assessment x 18 hours were deemed to be not medically necessary and were non-certified.

Per a reconsideration request letter dated XX, XX, XX requested for reconsideration of XX authorization for a XX impairment rating. The original request had been submitted on XX. XX noted that XX had never completed an evaluation with XX, so XX was unaware of XX current psychological or XX symptoms. XX had been referred to XX by XX XX Physician, XX, XX, to do an impairment rating. XX had seen a XX for XX XX injury. XX would provide a whole person impairment rating that would assess XX activities of daily living, social functioning, concentration, and adaptation. The report would help the treating doctor to determine discharge or make other recommendations of care. XX noted that the request was medically necessary.

Per a peer review dated XX by XX, the requests for XX status examination x 2 hours and XX assessment x 18 hours were deemed to be not medically necessary. The explanation for denial of XX status examination was as follows: “The claimant sustained an injury and requires XX status examination to determine a diagnosis and formulate a treatment plan. This request would be medically necessary, however, per XX law, this case cannot be partially approved. Therefore the Appeal request for XX Status Examination x 2 hours is not medically necessary.” The explanation for the denial of the XX Assessment x 18 hours was as follows: “The claimant should first complete the XX status examination. Upon completion, the need for assessment may be reassessed. Therefore the appeal request for XX Assessment x 18 hours is not medically necessary.

Per an adverse determination letter dated XX, the noncertification of requests for XX status examination x 2 hours and XX assessment x 18 hours was upheld.

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

Based on the clinical information provided, the request for XX status examination (two hours) and XX assessment (18 hours) on XX, XX: XX status examination (two units), XX: XX testing (18 units) is not recommended as medically necessary. There is no indication that the patient has undergone an initial XX XX evaluation. The submitted office visit note dated XX indicates that the patient denies XX, numbness and tingling. The patient denies XX. The patient is alert and oriented to person, place, time and situation. The patient presents with normal XX and affect. There are no diagnostic studies submitted for review. There is no clear rationale provided to support the requested examination and testing given the patient’s clinical presentation. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

### ***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
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards

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- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines  
XX
  
- 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) 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.