

True Decisions Inc.

Notice of Independent Review Decision

Case Number:

Date of Notice: 6/24/2019 11:04:56 AM CST

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

- Peer Review –X
- Notice of Disputed Issue(s) and Refusal to Pay Benefits –X
- Utilization Reviews –X
- IRO Reviewer Report –X
- Record Review –X
- Peer Review Reports –X
- Diagnostic Data Report –X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X-year-old X who sustained an injury on X. X was involved in a X. X was seen by X, MD on X for a follow-up of ongoing symptoms. X reported X, which was intermittent over the X. There was X. Motor, sensory a reflex exam was intact in the X extremities. There was X. The X position. There was X. Motor, sensory and reflex examination was intact in the X extremities. The X. X XX with no X. There was X. The X pain was rated X and intermittent over the X. The X pain was X with pain over the X. The X pain was rated at X. Dr. X recommended X. An MRI of the X dated X showed operative changes at X. There was X, which might reflect X. A X was identified at X with X upon the X. There was increased X which overlies the X imaging. A X was identified at X. X was noted and X. There was increased X. There was mild X. The treatment to date included medications (X). Per an adverse determination letter dated X and peer review dated X, the request for X was denied by X, DO.

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Rationale: "Although the claimant has a history of X secondary to a X injury. From the most recent follow-up visit, there was no positive finding on examination supportive of the requested procedure. Per examination, 'X, and X exams intact in the X extremities. X was X degrees.' Additionally, there was no documentation of the patient having X. Therefore, X is not medically necessary." Per a utilization review decision letter dated X and peer review dated X, the prior denial was X, MD. Rationale: "There was a previous determination letter dated X, whereby the previous reviewer non-certified the request for X (X) to the X. The reviewer noted that although the patient had a history of X pain secondary to a X injury. The ODG X (updated X)-Online Version. X "Criteria for the use of X: (1) X (due to X, but not X) must be well documented, along the objective X findings on physical examination, X must be X imaging studies and / or X testing, unless X pain, X, and X X were all present. X additionally required significant recent symptom worsening associated with clearly documented X findings. (2) Initially unresponsive to X treatment (X). (3) X should be performed using X for guidance. Although the patient does have documentations of subjective complaints of X pain and subjective X extremity X, in the currently available medical records there remain no X physical exam / objective findings to support the diagnosis of X. The ODG does state that the X is recommended for X due to X, which is present in this case, but this must be well documented with the presence of objective X findings on physical examination. As such, the previous adverse determination is X, as the X to the X does not meet the ODG criteria for medical necessity. Therefore, the request for (appeal) X to the X is not medically necessary.

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 X is not recommended as medically necessary, and the previous denials are X. There is insufficient information to support a change in determination, and the previous non-certification is X. The Official Disability Guidelines require documentation of

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X on physical examination X studies and/or X results. The patient's physical examination notes X extremities. X degrees. There is no X of treatment X or the patient's response thereto submitted for review.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision is X.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES