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Notice of Independent

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

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PATIENT CLINICAL HISTORY [SUMMARY]: Patient is a X yr old X with a date of injury X. X was injured after being struck in the X by a large X. X was diagnosed with X. An MRI revealed X which required X pain X. X provider is requesting more X sessions and the X.

X– Physician Report-X, MD: Date of Injury: X.: The patient is X year old X who had a XX XX X causing X to X. X has experienced pain in the X of X X. X occasionally will describe “X” in the X. X has not had any prior X according to X. X has not had any X and no X. X has been seen at the X clinic, radiographs taken which did not accompany X, and X was referred here. Physical Exam: Shows X. X has no X in this area. X has normal X. X will flex X, extend X. X degrees. I did not ask X to do a X. X is tender over the X. X is also tender over the X. The X is negative. X has normal X. Radiographs: X-rays of the X are normal. Impression: X. Disposition: I will take X off work since I do not want X to drive back and forth. Therefore, X will not come to therapy until X begins to feel better. X is placed on X as needed for pain. X will be at X while the initial effects of the XX have resolved. Return here in one week.

X– Physician Report-X, MD: X is a X who comes into the office today complaining of a 10 day hx of pain in X, as well as some minor pain in X X, which began on the job on X. X was X a X. As the material was X, X tried to X in the X by this X, which X. X says that X out of X, and X. X felt immediate pain and had X region. X X took X to a X doctor, who took a couple of sets of X and told X that X had no X. X was prescribed a set of X. X was then referred to another X, who took more X and told X again that X had no X. X was ordered off of work and was prescribed X. X also underwent about 3 sessions of X during one week. X complains of minor pain in X. The major complaint of pain is in the X of X X, the X region, X region, and X areas. X is seeking X first choice of treating doctors. X X is not significant for any previous X injuries. X has never had any X or X injuries in the past. X does have X, but X says that X has never been prescribed a medication for this. Physical Exam: X general appearance is that of a X who is X. X exam is w/in normal limits. X exam is w/in normal limits. X exam reveals an obvious series of X, extending over the X. There is groups. X has a decreased X. There is localized tenderness over the X region. There is an area of X over the greater X area,

extending superiorly up to the X. X signs are negative X. Neurologic exam is X. X examination reveals visual findings as described above, plus a full X, but with pain X on X. X exam reveals point tenderness in the X region, but with no X noted. Exam of the X reveals mild tenderness along the X portion of the X. No particular markings are noted or other abnormal findings. Exam of the X is unremarkable. Impression: 1) Multiple X, X; 2) Multiple X, X, X; 3)X; 4)X; 5) X; 6) X pain. Plan: The pt has been ordered off of work since X by the X. We need to obtain the x-ray records from the X. X should continue X previously prescribed meds. X needs to call us with the names of X meds. X needs PT to the affected areas. With reasonable medical probability, the above described injuries are directly related to and caused by the work-related injury of X. X prognosis is XX.

X – Notice of Disability-X: Notice of Disability: X, this is to notify you that X is unable to work due to X on-the-job injuries. Attached (above) please find a certificate of disability from the claimant's treating doctor. X places the claimant on an off-work status as of X. Please pay our client X income benefits, as required by law. X is unable to work and is in need of X income benefits to meet X living expenses. Thank you for your assistance and cooperation in this regard. If you have any questions please let me know.

X– Progress Notes-X Medical Centers: X-The pt reports pain in X today. Treatment today included X. Patient response to treatment was adequate. Treatment was administered to relieve the effects naturally resulting from the compensable injury, to promote recovery, and to enhance the pt's ability to return to work. X-The pt reports still much pain the X. Treatment today included X. Patient response to treatment was good. X-The patient reports X is hurting. Treatment today included X. Patient response to treatment was good. X-The pt reports X pain. Treatment today included X. Patient response to treatment was good. X-The pt reports X pain is not as intense today. Treatment today included X. Pt response to treatment was good. X-The pt reports X is able to get around better. Treatment today included X. Patient response to treatment was good. X-Pt reports X X still hurt but not as much as before. Treatment today included X. Pt response to treatment was good. X-Pt reports slow but gradual improvement of X XX XX and X condition. Treatment today included XX manipulation. Pt response to treatment was good. X-Pt reports X X still hurts when X. Treatment today included X. Pt response to treatment was good. X-Pt reports X pain today.

Treatment included X. Pt response to treatment was good.

X– Progress Notes-X Medical Centers: X-Pt reports X is still hurting X. Treatment today included X. Pt response to treatment was good. X-Pt reports feeling better. X pain is not as intense. Treatment today included X. Pt response to treatment was good. X-Pt reports X X are feeling better. Treatment today included X. Pt response to treatment was good. X-Pt reports X X are hurting again. Treatment included X. Pt response to treatment was good. X-The pt reports X X is still hurting. Treatment today included X. Pt response to treatment was good. X-Pt reports X X pain is not as intense today. Treatment today included X. Pt response to treatment was good. X -Pt still X because of X pain. Treatment today included. Pt response to treatment was good. X -Pt still complains of X pain. Treatment today included. Pt response to treatment was good. X -Pt states X X is still sore. Treatment today included X. Pt response to treatment was good. X-The pt states still hurts to X Treatment today included. Pt response to treatment was good.

X– Radiology Report-X, MD: MRI of the X. Findings: 1) The visualized X appear unremarkable. 2) The X appears of adequate dimensions. The visualized X appear well maintained. 3) The X is in the appropriate position. The X is of ample dimensions. 4) The X are well maintained in height. There is X 5) X is noted at X. No sizeable X is seen. Impression: X. Mild X.

X-Progress Notes-X Medical Centers: X-Pt states still hurts in the X areas: X. Pain is X several weeks ago. MRI X and MRI X were both basically normal. X has better ROM in the X. Focal tenderness in X region and X area. We will obtain trigger point injections to the X. Treatment today included X. Pt response to treatment was good. X -Pt states still hurts at the X. Treatment today included X. Pt response to treatment was good.

X– Diagnostic Report-X MD: Examination: X.X: The patient indicated the X area. After appropriate X X minutes after discharge, the patient reported moderate (X region. X continues to complain, however, of X pain. A X is planned for the follow up visit.

X– Notice of UR Findings-X Managed Care: I am requesting a X for my patient, X

X already has had X first one, after which X symptoms of radiating pain X X resolved completely for three days. However, after the first X, the pain has returned, except that it is X better now than what it was before. After the first X, X X sign disappeared, as did the X signs. X now just has symptoms in the X, along with associated tenderness in the region. Because X symptoms strongly suggest X pain and because we have already done one X with three days of complete success, I respectfully request a second injection to finish the job, although there may be a third X potentially needed. This is reasonable and necessary for this work-related injury of X.

X– Notice of UR Findings-X Managed Care: On X, X was asked to perform a clinical review of medical treatment on X which was proposed and/or provided by X, MD. The following is a report of X utilization review findings. Summary of Findings: Diagnosis: X). Description of Alleged Injury: X on X. Services Requested and X Recommendation: In the opinion of the reviewing physician, recommend authorization of outpatient X pain to be completed by X. Authorization of any future X will depend on documented of the degree and duration of pain relief resulting from the previous X. For continuing X to be warranted, there must be pain relief from each prior X. Any remaining portions of the request are deferred to medical bill audit. Ancillary services associated with X are covered by Texas Worker's Compensation Commission Medical Fee Guidelines. If ancillary services are utilized, their authorization will be deferred until Medical Bill Audit. This evaluation has been conducted entirely on the basis of the medical information/documentation provided for review. If additional information becomes available, it may alter the conclusions contained in this report. Date of Verbal Notification: On X contacted Dr. X' office and X via fax. X Follow up: None required. These findings apply only to the specific treatment proposed by the treating physician or facility. A separate review will be necessary if the treating physician proposes additional types of treatment. The treating physician or facility should contact Forte if additional types of treatment are proposed.

X– Imaging Report-X, MD: Examination: X. Impression: The pt reported X pain relief at discharge.

X– Medical Necessity Letter-X, MD: X has had X thus far and is having a significant symptomatic response, although X still has had some residual pain,

which X quantifies as a 2 out of 10 on the pain scale. I am recommending a third, and X to hopefully completely alleviate X symptoms, achieve MMI, and return X to work. This is reasonable and necessary for X work-related injury of X.

X– Closure Report-X, RN, CCM: Date of Injury: X; Date of Referral: X; First Activity Date: X; Last Activity Date: X. Closure Goal: I was asked to complete a limited assignment, that is, to meet with the treating doctor regarding X. X's medical/work status and submit my report. Overview/Analysis: X. X is X months post-date of injury which occurred when X was X. X felt immediate pain and sustained X region. On X, I met with X. X's treating physician, Dr. X. According to Dr. X, MRIs performed were essentially negative, and X. X was given a X, as well as a X on X when conservative treatment failed. Following these injections, X. X was pain free for a period of 3 days. However, X pain slowly returned, and on X, X was given X second X. According to Dr. X, currently X. X is X better. Dr. X went on to state X treatment plan will be to request a third X since X. X is not a surgical candidate. Depending on the outcome of the third X, Dr. X stated that X would either give a release to return to work, or request 4-6 weeks of a X exercise program. Dr. X went on to state that, if necessary, X would rather try the exercise program since it was less expensive that a X program. Thank you for allowing me to complete this limited assignment for you. If you need further assistance on this file, or any other, please do not hesitate to contact my office.

X – Physician Letter-X, MD: Dear Sirs: I am writing regarding a consistent denial of medical services provided to my pt, XX. The same medical service, a X treatment, CPT Code X, was denied on all X occasions that it was performed. All other medical services were correctly paid. For some reason, the auditor chose to deny this one particular service each and every single time, for a total of X times. No apparent explanation was given for the denial other than some standardized code numbers of, "Reduced according to Fee Schedule." Let me review the Fee Schedule with you. Under the adopted *Medical Fee Guidelines*, effective X, by the Texas Workers' Compensation Commission, Page 33, B1b, under X /Reimbursement, it discussed "Established patient visit." "The doctor shall use the Code X with the modifier –MP", with providing an office visit in combination with a X on the day of service." Obviously our CPT coding was correct, as we coded it exactly as specified by the *Fee Guidelines.* Let me further render you an opinion by the Texas Workers' Compensation Commission

Advisory 96-17, issued, regarding. “For the purposes of pre-authorization under Rule 134.600, X are not considered a part of physical therapy…Insurance carrier shall not deny payment for X due to pre-authorization not being obtained. X are subject to retrospective review for reasonableness and medical necessity.” I therefore respectfully request consideration and approval for the twenty denied sessions of manipulations on my patient, X. These medical services were reasonable and necessary for X work-related injury of X. They were all performed within 8 weeks of X injury. It appears that the auditor was incorrect in the denial process. We will therefore be anticipating payment of X for the X denied sessions for Dates of Service X all the way through X.

X – Imaging Report-X, MD: Examination: X. Impression: The patient reported approximately X pain relief at discharge.

X – Summary of Results-Unknown: Diagnostic Muscle Tests: X .X: Results indicate a strength deficit of X during adduction, which shows appropriate X, but not near the X norm. Results also indicate strength deficits on the X, respectively, which are unacceptable considering X. Frequent treatment and therapy are necessary to restore strength and dominance to the X region. X: Results indicate the X is X stronger during X, which is unacceptable considering . Frequent treatment and therapy are necessary to restore strength and dominance to the X region. Physical Capacity Tests:X:X:X– Acceptable level of performance is X; X X lbs. – Acceptable level of performance is X; Floor lift X– Acceptable level of performance is X. Range of Motion:X:X: The pt has restricted movement accompanied with pain in X: The pt has restricted movement accompanied with pain in the X of motion.

X– Diagnostics Report-X, Tech.: (Scanned and sent as an attachment to reviewer).

X– Physical Medicine Session-X Medical Centers: Diagnosis: X, X and X. X X therapy was medically necessary due to the extent of X of this pt. treatment was administered to relieve the effects naturally resulting from the compensable injury, to promote recovery, and to enhance the patient’s ability to return to work. X- continues to improve. X was medically necessary due to the extent of X of this pt. X-Feels better, ROM continues to improve. X-Continues to improve

w/less pain. X-Getting better, X continues to improve. X-Getting better, X continues to improve. X-Feels improvement, X is improving. X-Feels improvement, X is improving. X-Feels improvement, X is improving.

X– Physician Notes-X, MD: Attachment to Form TWCC-69: XX was injured on the job on X. X has been treated conservatively for the last X months. X finally underwent a series of interventional X and has improved substantially. X has finally reached the point where no further material recovery can be reasonably anticipated and has reached MMI as of X. Impairment rating was performed, according to the guidelines of the AMA Guides to the Evaluation of Permanent Impairment, Third Edition, Second Printing. Ratable components for X XX injury include X, as well as X, as found under Table 49 of The Guides. As far as ROM impairment was concerned, X was tested using X. X had normal X in X. X did have some limitation in X, but due to invalidity of X criteria, these did not count. Therefore, the contribution of impairment from X percent. As far as the specific X is concerned, according to Table 49 II-B, X qualifies as a x. In summary then, X whole person impairment will be x. This is a reasonable and accurate evaluation of X work injury. X has reached MMI as of X. X is currently working in a light duty capacity and should remain in that position. X medications will be continued, as well, for an indeterminate length of time.

X– Physician Notes-X, MD: On X, I filled out a TWCC-69, Report of Medical Evaluation, and pronounced an impairment rating of X. Unfortunately, X has worsened considerably in X X pain, and I am therefore forced to rescind my declaration of MMI. It appears that the X pain has broken through and become so overwhelming that further treatment is necessary and that further material recovery can be reasonably anticipated. Therefore, my pronouncement of MMI back in X should be voided.

X– Physician Notes-X, MD: Date of Exam –X. The pt was evaluated this date for a designated doctors examination for injuries sustained on or about the X. X gave a history of putting up material X. X attempted to get out of the way when the bundle X. The pt was under the care of Dr. X with PT and subsequently saw Dr. X, who treated X w/PT and exercises. X meds included X. X has been on light duty since X. Diagnostic studies included MRI's of the X. The impression of the X MRI (X) is as follows: mild symmetrical X with Dr. X reporting. The X MRI (X) was read

unremarkable by Dr. X. X presented this date with the chief complaints of continued X pain, X, with discomfort in the X. Physical Exam: On exam of the X, there are no muscle spasms present. There is good ROM in flexion and extension, as well as extension. X is normal. The X tests are normal. The X measurements are X. The X reflexes are equal and active. There are complaints of pain in the X at the greater X and posterior greater X external and internal rotation. Using the dual inclinometer method, the ROM of the X was assessed, measuring each motion three times. Please refer to work sheets. There pt was assessed with a X impairment for ROM. There is an additional X impairment, making this a X impairment of the X. The X was also assessed with a X impairment due to lack of motion. This was multiplied by .4 and is equal to .4% of the X. Using the combined value system, (X), this is equal to X impairment of the whole person.

X– Physician Notes-X, DC: X reported while working for X as a X was injured after being struck in the X. X then presented to X where X was evaluated and received X. As therapy proved ineffective, a X MRI was performed and revealed X which required X. As the X pain symptoms and dysfunction decreased with X, the patient was later released from care. Today, X. X reports constant, sharp and spastic pain at X X XX. This pain radiates to X XX XX and XX and is worsened with movement. X reports difficulty with laying on X XX side, XX through this night comfortably and rising from the bed. X XX XX and XX XX XX pains are worsened with prolonged sitting or standing. X states that X is currently taking no prescription meds. X states X has performed no recent PT sessions. X. X is currently unable to perform heavy lifting and will be placed on restricted duties. Assessment: Compensable XX XX of ligaments of X XX, initial encounter. Plan: I have discussed the findings of this exam with X. X. The discussion included a complete verbal explanation of the exam results, diagnosis and planned treatment(s). A schedule for future care needs was explained. X. X verbalizes understanding of these instructions at this time. 1) Request active care for the X XX as a result of a flare-up or aggravation of pain. X. X will be retrained on home based exercises to help improve the X XX and prevent further flare-ups. 4 sessions are needed to improve proficiency in performing the home based exercise protocol on X own. 2 sessions per week for 2 weeks. 2) Continue with X, MD for med management as scheduled. 3) The patient will work modified duty with restrictions as documented on the DWC-73 form. 4) Request all medical

records from previous providers. 5) I will follow up with X. X in 2 weeks.

X– URA Determination-X, MD:X .com, Inc. by assignment of X has reviewed the requested health care services in order to determine medical necessity and appropriateness. All medical records submitted have been carefully considered in the review process, including documentation that may have been previously submitted. A summary of the physician reviewer's recommendation is provided below: Diagnosis: X, initial encounter. Procedure: X and treatment for X recovery x 3 – Determination: Non-certified; X, each 15 mins, requiring direct contact w/physician or therapist x 1 – Determination: Non-certified. Request: X sessions of X. Condition history: X. X X is a X yr old X with a date of injury X. X was injured after being struck in the X. X was diagnosed with X. X. X was seen by X DC/X X, DC on X. X had received X(which had proven ineffective) and prescription meds for X X injury, prior to the visit. An MRI of the X had revealed X, which had required XX. As the X pain symptoms and dysfunction had decreased X, X. X had been released from care. On X, X reported X. The pain radiated to X, and was worsened with movement. X reported difficulty with lying on X, X. X X pains were worsened with prolonged X. X pain was rated X. X stated that X was taking no prescription meds at the time. X had performed no recent X. X was unable to perform X and was to be placed on restricted duties. On examination, weight was noted to be X. X reflex were noted to be X. The X. X was positive for pain when rising from a X. X was seen to be laterally flexed to the X. X appeared to have X for the duration of the exam. X had difficulty X position secondary to the pain. X movement appeared to be guarded. There was moderate-to-severe tenderness to palpation noted at the X. X were palpated in the X musculature. X test was noted to be positive at X degrees on the X. X was positive for X pain. The ROM of the X was restricted in X. The active X ROM showed flexion X degrees, extension X, all associated with pain, stiffness and radiation. It also showed X associated with X. Muscle strength was noted to be X in the X extensors and X. Dr. X requested active care for the X as a result of a flare-up or aggravation of pain. X. X was to be retrained on X to help improve the X and prevent further flare-ups. An undated MRI of the X X had revealed X. Treatment to date consisted of X (ineffective), medications, home-based exercises, and X pain injections (decreased the X pain and dysfunction). Principle Reason for Adverse Determination: Request: Four sessions of PT for the X X is Non-certified. ODG discusses indications for PT to the X and other body parts. The general

recommendation is to establish an individualized rehab program with transition to independent active home rehab. This is an extremely chronic injury which is almost X X. The medical records document that this patient has not reported significant benefit from prior PT. The current proposal is to instruct the patient in a X program. Given the chronicity of this injury and given that the patient has undergone prior X, it would be appropriate for the treating physician and/or treating physical therapist to clarify the nature of prior X, as well as how this relates to the current proposed X. If the patient previously reported no benefit from X and/or was non-compliant and reported benefit from a X, then it would be appropriate to understand how proposed additional PT would differ from that prior therapy and thus achieve a different outcome. Without such prior fine details, at this it is time it is not possible to support the current request as medically necessary. Therefore, this request should be non-certified.

X– URA Re-Determination-ezURs:X.com, Inc. by assignment of X has reviewed the requested health care services in order to determine medical necessity and appropriateness. All medical records submitted have been carefully considered in the review process, including documentation that may have been previously submitted. A summary of the physician reviewers' recommendation is provided below: Diagnosis: X, initial encounter X. Procedure: X exercises and treatment for X recovery x 4 – Determination: Non-certified; X techniques, each X, requiring Xx 4 – Determination: Non-certified. Request: Appeal – Aggravation PT for X X four sessions. Condition History: X. XX is a X yr old X with a DOI X. X reported while working for X as a X, X was injured after being struck in the X. On X, X was re-evaluated by X, DC. X reported that after the injury, X presented to X where X was evaluated and received X for the X injury. The therapy proved ineffective. A X X MRI was performed showing X, which required X pain X. The X pain symptoms and dysfunction decreased w/the X. At the time, X reported X pain at X X, rated X. The pain radiated to X X and worsened w/movement. X experienced difficulty w/laying on X, X comfortably and rising from the bed. X X pains worsened with prolonged X. X was unable to perform X. On examination, X was X with a visual X. X was positive for pain when X. On visual eval, the X was seen laterally X. X had trouble X secondary to pain. X movements appeared to be guarded. X. X and X were palpated in the X. X test was positive on the X degrees. X was positive for X pain. X ROM was restricted in flexion and extension to the X. The active X showed flexion X degrees, extension X degrees, X degrees, X

degrees. There was pain, X, X pain with stiffness with X. Treatment to date included X (ineffective) and X (symptoms improved). Principle Reason for Approval or Adverse Determination: Based ono the clinical info provided, the request for Aggravation X for X, four sessions is not recommended as medically necessary. There is insufficient clinical info provided to support this request. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no info provided regarding X completed to date including number of sessions completed, dates of service and patient response. There are no contraindications to a X program documented. I spoke with Dr. X on X. No additional medical info was provided to warrant medical necessity. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. Conclusion: Recommendation is non-certification for Aggravation X for X.

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

Determination: Denial of X since the request exceeds ODG recommended number of visits and time frame for the submitted diagnosis of X, and there is lack of clinical information. There is record of at least X visits attended from X with no documentation of objective gains in X or X X Range of Motion or Strength. There is also no documentation of instruction in, or compliance with a X Program. Furthermore, there is an X in clinical history. There is no information regarding interim follow up with care providers, and therefore no information regarding ongoing symptoms and signs, and no information regarding interim work up or treatment. There is also no recent information regarding relation of current symptoms and physical exam findings to the original injury, a new injury, or a change in activity/functional level. Therefore additional X are NOT considered medically necessary.

PER ODG:

ODG Criteria

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**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**