Applied Independent Review
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Information Provided to the IRO for Review:

- Clinical Records –X
- Appeal Letter – X
- Peer Review – X
- Letter – X
- Utilization Review X

Patient Clinical History (Summary)

X is a X-year-old X who suffered an on-the-job injury on X when X was involved in an X. X also underwent an X due to XX in X. X ongoing diagnoses were X.

On X, X. X was evaluated by X, MD. X suffered an on-the-job injury on X. X residual injuries included X due to XX in X. X required a maintenance program to maintain X ongoing mobility. X did not X unless X was with X. X X was able to safely assist with XX and all X activities of daily living but if X became X, then X was at X injury. This had already occurred in X where X was hospitalized for X status X. X used X X when X was XX with assistance; otherwise, X was in X X.

Treatment to date consisted of medications (X), X.

Per utilization review determination letter dated X by X, MD, the prospective request for unknown therapy evaluation and treatment of the X, frequency and duration unspecified, as outpatient between X and X was noncertified. It was determined that the Official Disability Guidelines recommend X for claimants with X and X. In X. X's case, X sustained an X resulting X, X, and X. X had been participating in therapy on an ongoing basis for rehabilitation, in order to regain range of motion and prevent decline. There were X documented. The provider noted that additional therapy was being recommended. However, the request was submitted for

evaluation and treatment, and the frequency and duration of intended treatment was not specified. Also, X. X had an extensive history of prior rehabilitation, but there were no therapy notes provided or rehabilitation summaries to identify specific improvements as a result of prior therapy. Given the above, the request was not supported. X evaluation and treatment of the X, frequency and duration unspecified, as outpatient was not medically necessary.

Per a letter dated X, Dr. X documented that X. X had been under XX care and continued to have long-term disabilities following a X with X which included X times three with X, X, X, X, X, X, X, X and X. X had X, and X and would be benefited from an 8- to 12-week outpatient rehabilitation program to address X decline in functional ability to perform XX XX X. At the time, X was unable to XX with the assistance of X X alone and required X. Due to XX, X would always require XX for XX. X. X had been without any therapies, and X was having increasing difficulty with X. X was at risk for further XX XX X as well as XX risk due to the nature of X X injury.

A reconsideration review letter dated X by X, DO indicated that the reconsideration request for X evaluation and treatment of the X, 8-12 weeks (frequency unspecified), as outpatient between X and X was noncertified. Rationale: “The claimant has had extensive X since X initial injury and according to the medical records reviewed, X functional capabilities have not improved in spite of the extensive X and in spite of the extensive treatment that X has had for X debilitating condition. The request at this time is essentially an extensive rehabilitation program involving all of X and the medical records indicate that the goal is to prevent further deterioration. Based on the review of the extensive medical documentation, it is my opinion that the request for Reconsideration for X Evaluation and Treatment of the X, 8-12 weeks (frequency unspeci?ed), as Outpatient, is not medically reasonable, necessary or appropriate. In regards to X, there is no capability of X returning to XX X. X still needs X for even XX, and even minimal attempts at XX XX.”

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 evaluation and treatment of the X, 8-12 weeks 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 submitted clinical records indicate that the patient has undergone extensive therapy to date. Additional supervised therapy would continue to exceed guideline recommendations. There is no documentation of significant and sustained improvement as a result of therapy completed to date or what benefit the requested additional therapy would provide. 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 um knowledgebase 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 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 Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

- [ ] Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)