

P-IRO Inc.

Notice of Independent Review Decision

Case Number:

Date of Notice: 7/15/2019 2:00:05 PM CST

P-IRO Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #203

Mansfield, TX 76063

Phone: (817) 779-3287

Fax: (888) 350-0169

Email: manager@p-iro.com

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • Clinical Record –X

- Peer Review Reports –X
- Utilization Reviews –X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X who was injured on X. The biomechanics of the injury was not available in the records. X was diagnosed with X pain. X was seen by X, MD X for X pain. The X pain was worse with X as well as X had pain at the X. The pain was X. X had difficulty X more than X and also had difficulty with X. X took X medications for pain, which did not seem to help that much. X had also X which did not help. X was interested in other treatment options. On examination of the X, there was X pain and X. Active range of motion revealed flexion of X degrees and extension of -X degrees. X had pain with X. X test were positive. X was X. X x-rays dated X showed mild X. There was X and X. The treatment to date included X, X (which did not help), and medications (X). Per a Peer Review dated X, the request for X with X was denied by X, DO. Rationale, “ The Official Disability Guidelines (ODG) does not recommend X due to lack of adequate outcome-based study support for the procedure’s effectiveness. There is nothing in the claimant’s medical record to support the use of this modality outside of the guideline recommendations. Therefore, the request for X(X) is not medically necessary.” Per a Peer Review dated X, X, MD denied the request for X with X. Rationale, “There was a previous adverse determination dated X, whereby the previous reviewer noncertified the request for X with X. The reviewer noted that ODG did not recommend X due to lack of adequate outcome-

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based study support for the procedure's effectiveness. There was nothing in the patient's medical record to support the use of the modality outside of the guideline recommendations. Therefore, the request for X was not medically necessary." It was further noted that "Per medical literature, X has been introduced as a potential surgery-sparing treatment for X from X, yet only 2 outcome studies have been published and optimal patient selection for this procedure has not been established. In this case, the patient reports X pain. The patient is status post X X. The patient had attempted X as well and medications. Exam of the X revealed diffuse tenderness. The range of motion was limited. There was positive X testing and X testing. Although there are positive objective findings despite a long course of treatment, there is no evidence this type of procedure will provider better patient outcomes. Medical necessity has not been established. Therefore, the requested X is not medically necessary."

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

The ODG does not recommend X for the treatment of X pain as additional studies are necessary to determine the long-term efficacy. The documentation provided indicates that the injured worker has ongoing complaints of X pain. A physical examination has documented X. An x-ray documented X. Previous treatment has included a X. The treating provider has recommended a X. Based on the documentation provided, the ODG would not support the requested X is not recommended for the treatment of X pain.

Given the documentation available, the requested service(s) is considered not medically necessary and the request is X.

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

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