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Information Provided to the IRO for Review

- Notice of Adverse Determination - X
- Appeal/Reconsideration of Adverse Determination - X
- Attorney Letter - X

Patient Clinical History (Summary)

X is a X-year-old X with date of injury X. X was operating a X, which was X. X was diagnosed with X.

Per a Notice of Adverse Determination letter dated X, a note dated X had included a complaint of X, which was aggravated with X. There were no complaints of any X. There were also complaints of X There was prior treatment with rehabilitation resulting in a X. X recovery. A functional capacity evaluation dated X had indicated the ability to perform at a sedentary physical demand level. X occupation required abilities at the medium demand level. There were findings of decreased X conditioning and X levels. Objective testing also revealed evidence of severe X.

Treatment to date consisted of rehabilitation.

A Notice of Adverse Determination letter dated X indicated that the request for X hours of X was denied. Rationale: "This request is not supported. According to the mechanism of injury described and subsequent progress notes, this patient has sustained a X-type injury. Although there was a functional capacity evaluation performed, the Official Disability Guidelines

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indicates that functional capacity evaluations are not recommended for X associated or X due to insufficient evidence of any benefit. Furthermore, this patient had sustained an injury X months ago and a X would have resolved in that period of time with ordinary living, physical therapy, and medication. For these reasons, this request is not medically necessary.”

An Appeal / Reconsideration of Adverse Determination letter was documented on X. The request had been reviewed by a physician advisor and had been determined as not medically necessary because work hardening for X hours was denied. Rationale: “It is unclear why there is a request for treatment with X for this patient's X. Although guidelines indicate that functional capacity evaluations are indicated prior to participation in X, they also specifically state that this testing is inaccurate when evaluating the X. Accordingly, the findings of the patient's performance at the sedentary demand level are therefore also inaccurate. This is not a true yardstick of this patient's abilities. Furthermore, the X should have resolved by this point and should not affect the patient's abilities to operate X. For these reasons, this request 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 hours X:X:X, each additional hour following the X is not recommended as medically necessary. There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no documentation of an adequate course of physical therapy with improvement followed by X. The records provided do not clearly indicate what benefit work hardening would provide in this case. There is no pre-

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program XX XX evaluation submitted for review. 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
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- 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 Medical Literature (Provide a description)

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- 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.