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Information Provided to the IRO for Review

- Notification of Adverse Determination – X
- Medical Review – X

Patient Clinical History (Summary)

X who was injured on X due to X.

The treatment to date included medications (X).

Per peer review dated X by X, MD, X was seen by X, MD on X. X presented with an X located on the X side. The symptoms included X mass, X pain, and X pain. The pain was located in the X. The pain was X with an onset X days prior. On examination of the X, there was an indirect X which was reducible. X had a body mass index (BMI) of X.

Per an adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “Per evidence-based guidelines, surgery is indicated for X detected on routine physical examination. In this case, there was indeed an indirect X which was reducible on examination. However, guidelines do not recommend XX-assisted X surgery based on a lack of randomized controlled trials demonstrating improved clinical outcomes.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

After reviewing the medical records provided, I would X the denial of X. There are no clinical trials to support the use of X or other more studied

Notice of Independent Review Decision

Case Number:

Date of Notice: 07/11/19

techniques. The claimant had a X which was reducible on examination. However, given the documentation available, the specific request for X would not be considered medically necessary. Prior denial appropriately pointed to the lack of evidence of provided benefit for this specific procedure.

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
- 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

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- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- 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.