

## IRO Express Inc.

### *Notice of Independent Review Decision*

Case Number:

Date of Notice: 7/8/2019 and Amended 7/18/2019

---

## IRO Express Inc.

### An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (682) 238-4976

Fax: (888) 519-5107

Email: reed@iroexpress.com

#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:** • Clinical Records –X

- Discharge Summary Report –X
- Physical Therapy Report –X
- Prospective / Concurrent Reviews Determination –X
- Diagnostic Report –X

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was injured on X, when X was grabbed in the X. X was diagnosed with X. X was seen by X, DO on X. X had not returned to work due to X in the way X was treated after the injury. X complained of X and some days just at home. X reported having “about X a week.” X stated that they seemed to go away on their own. X stated that walking around all day was putting pressure on XX. X had trouble with X was causing so much pain. The pain was rated X. On examination, X appeared XX. In the X, there was tenderness and pain with motion. X did have a fair range of motion, but decreased X. X had pain with X. The side X. There was tenderness in the X. The range of motion was limited (throughout the X, but appeared to be improving significantly after X. X appeared to have almost normal range of motion, but continued to have pain). X stated that X had pain in X around the X of X. X stated that X was causing a lot of pain when X was doing it. Dr. X recommended an MRI of the X XX. A CT scan of the X dated X showed no X or X of the X XX. The treatment to date included medications (X) and X Per a Utilization Review Decision Letter dated X, the request for MRI of the X without contrast was denied by X, DO. It was

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number:

Date of Notice: 7/8/2019 and Amended 7/18/2019

---

documented that the visit note dated X demonstrated a normal range of motion and complaint of pain and pulling sensation. There were X complaints or discussion of concern for red flags. There were no objective X. A CT scan from X showed no X. Therefore, the requested service was not necessary at the time. In an Adverse Determination letter dated X, the prior denial was X by X, DO.

Rationale: "This is a noncertification of a request for reconsideration of an MRI of the X. The previous noncertification on X was due to lack of appropriate physical examination findings. The previous noncertification is supported. The case was discussed with Dr. X who reports that X had a X. With a normal CT scan, non-specific symptoms in the X, further diagnostic testing is not indicated. Additional records were not provided. The CT scan of the X reported no X injury. The physical examination did not note X or objective X to support the necessity of an MRI under the guidelines. The request for reconsideration of an MRI of the X without contrast, X is not certified."

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

In review of the clinical findings, the claimant did not present with any red flags or evidence of progressive or X. The claimant denied any significant symptoms in the X. Given the lack of any pertinent clinical findings, it is unclear how the MRI studies would help delineate treatment recommendations.

Therefore, it is this reviewer's medical assessment that medical necessity for the request is not established and the request is X.

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

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