Independent Resolutions Inc.

Notice of Independent Review Decision

Case Number: Date of Notice: 6/24/2019 7:51:43 AM CST

Independent Resolutions Inc.
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IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Overturned Disagree

☐ Partially Overturned Agree in part/Disagree in part

☒ Upheld Agree

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: Occupational Therapy Notes X

- Clinical Records –X
- Peer Review – Undated
- Diagnostic Data Report –X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X year-old X who sustained an injury on X. X stated that X was X on X. X was seen by X, MD on X and X. On X, X presented for X pain. X had pain with X, X, and X. X also had limited range of motion. On examination, there was positive X at the X. There was limitation of extension, marked limitation of X, but not as much as with X. X had some X. X had lack of X, but had X. There was lack of X. The treatment plan included modified X. On X, X presented for a follow-up of X pain. Dr. X asked for approval for X, a modified X procedure, but the insurance company did not want to go that route. He thought that the requested procedure was easier and simpler to recover. On examination, nothing really had changed except the insurance company wanted to move ahead with an X in order to take care of the problem. X had a X and in the XX patient group, the best thing was an X and X; however, the insurance company wanted to go with the X with X and X. The assessment included X, subsequent encounter for X with routine healing and other X. X had an appointment with X MD on X. X complained of pain, X. X had X. There was improvement in X flexion, but it was not as good as X other XX. X was demonstrating X. On examination of the X extremity, X had X in the X distribution. The X examination showed X distribution. X was not X any better than X degrees. There was some X in X. X test was positive. The X showed flexion of X degrees and X degrees. The X was to approximately X degrees and could be X and X might be at most X degrees. Dr. X recommended a X. X-rays of the X dated X showed

united X carrying angle. X-rays of the X dated X showed severe X. X had an X. X might have a X that had gone on to heal. X did have X that appeared to be healing relatively well. X certainly had narrowing of the X and essentially an X maybe slightly X variation. On the X view, the X was essentially neutral. X had lost the X. On the X view, X just barely X. Clearly there was a X type of fracture with some settling of the X or so. The X deviation, X much more so than X did the X deviation. The poorly-scanned medical record was partially legible. A CT scan of the X dated X showed the previous X, minimally-displaced X. X had X of the X. The treatment to date included medications (X), X. Per an undated peer review by X MD, the request for X with X was denied. Rationale: "This request is not supported at this time. Although there is reported to be a X of this patient's X, there are no notes or examination findings by the requesting provider. Additionally, there are no official radiographic reports provided indicating that there is any X to support this procedure. After speaking with Dr. X, it was stated that the patient was treated elsewhere. The patient was X. The patient has a X. The patient mainly complains of lack X. The X is healed, but not in X. The patient was first seen in the office on X and was prescribed X. The patient has not had much X yet. The patient wants to get back to X due to X. The patient does not fully meet the criteria per ODG guidelines. The patient has had prolonged XX for X. There is not adequate documentation of X care to include extensive X to improve X and X function. The patient should be encouraged to undergo a X exercise program. Should X therapy X adequate X, then X may need to be considered. Therefore, this request is not medically necessary."

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

The ODG supports the use of operative intervention for X of the X. The information available indicates a X, but there is no documentation regarding significant X. While the previous peer to peer information and current treating provider documented a lack of X following extensive XX, records available

indicate that physical therapy was actively attended beginning in X and a total of X were completed as of X. Overall, improvement in X was noted. Persistent weakness and decreased XX strength as well as pain complaints were documented. When noting that the physical therapy has been attended, but that there is an absence of significant XX XX to support the modified XX procedure the requested service(s) is considered not medically necessary.
Therefore, the request is upheld.

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

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

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☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL