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Information Provided to the IRO for Review

- Clinical Records – X
- Designated Doctor Examinations – X
- Notification of Adverse Determination – X
- Utilization Review – X
- Letter – X
- Diagnostic Data – X

Patient Clinical History (Summary)

X is a X-year-old X who was injured on X. A X onto X causing X. The diagnosis was X. X had a history of X with injection of X.

Per Post Designated Doctor's Required Medical Examination report dated X, X, MD examined X. On clinical examination, X ambulated with a X. X lacked the last X degrees of complete extension of X and flexed to approximately X degrees. There was tenderness with X medically without popping. Also, there was X. Dr. X opined that the extent of the injury included the X soft tissue sprain, X that was superimposed primarily on a most likely early degenerative tear of X. X was status post a X. Dr. X also opined that based on reasonable medical probability, the mechanics of injury was one that certainly resulted in X resulting in a X of a complex nature in the posterior corner of the X. While that might have superimposed upon a X which was present because of X preexisting X, X did not have any significant symptoms documented in X prior history of ongoing active X

Notice of Independent Review Decision

Case Number:

Date of Notice: 06/17/19

treatment or problems. Dr. X further stated that the X literature documented well that if one had to excise X due to internal derangement-type symptoms from an injury in the face of preexisting X, that it would no doubt aggravate the underlying X over time. In that particular case, the surgery did not really benefit. X persisted with symptoms, which had developed some progressive decreased range of motion; and therefore, the opinion was based on reasonable medical probability that the X was clearly preexisting, but that had been aggravated, and the only invasive treatments at the time going forward would be a X. X would not be benefited from any additional X type of surgery; and based on the clinical findings and restricted movement, persistent X and continued ongoing pain, it was opined that X was a candidate for a X at the time. Therefore, in summary, the extent of the injury included a X, X, status post X, along with aggravation of a preexisting, degenerative X process in the individual's X.

X was seen in an office visit by X., MD on X. X presented with a history since X of X pain. X stated X symptoms developed suddenly while X. X also reported X. On examination, weight was X and body mass index (X)X. Examination of the X showed X. There was pain with extension; and lack of full extension. X degrees. X instability was noted. The diagnoses were X pain and X.

X-rays of the X dated X showed X. An MRI of the X dated X showed a complex X of the posterior X changes and X. There was also noted to be a X.

Notice of Independent Review Decision

Case Number:

Date of Notice: 06/17/19

Treatment to date included X), and X visits of X therapy without much relief.

Per a utilization review dated X, the request for X was non-certified by X, MD. Rationale: “The claimant demonstrated evidence of severe X on recent radiographs with the physical examination demonstrating X and pain. The claimant had not improved with extensive X physical therapy or X. However, the claimant's current body mass index (BMI) was not detailed in the recent evaluations. Without additional information regarding the claimant's current BMI, certification of the requested X cannot be recommended (Official Disability Guidelines). As the surgical request is not indicated, there would be no requirement for a 2-day inpatient stay.”

Per a note dated X, Dr. X documented that in the recent review of denial by Dr. X, it was indicated that the request for a X could not be made due to lack of information regarding X recent BMI. On X, it was documented that X weight was X pounds and height was X feet X inches with a BMI of X.

On X, the reconsideration request for X was non-certified by X, MD. Rationale: “After careful review of all available information, our Specialty Advisor has determined that the proposed treatment does not meet medical necessity guidelines. The principal reason for the determination for non-certification is as follows: The proposed treatment plan is not consistent with our clinical review criteria.” Furthermore, it was opined that X did not meet the criteria for X and no documented XX XX XX. As the

Notice of Independent Review Decision

Case Number:

Date of Notice: 06/17/19

surgical request is not indicated, there is no need for a X. The X is not medically necessary.”

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

The ODG supports X for the treatment of X which has failed X care. The criteria include a significant XX XX loss XX for a XX of over X and indicates that the X is contraindicated for XX of over X. The documentation provided indicates that the injured worker has a diagnosis of X with significant functional limitations which is not improved with X care. The injured worker is noted to have a XX of X. There is no documentation of a XX XX effort. The treating provider has recommended a X. Based on the documentation provided, the ODG would not support the requested X as the injured worker is noted to have a XX of over X with no documentation of a XX XX effort. Given the documentation available, the requested service(s) is considered not medically necessary.

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

Notice of Independent Review Decision

Case Number:

Date of Notice: 06/17/19

- 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)
- 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

Core 400 LLC

Notice of Independent Review Decision

Case Number:

Date of Notice: 06/17/19

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.