True Resolutions Inc.

Notice of Independent Review Decision

Case Number: Date of Notice: 6/5/2019 2:18:08 PM CST

True Resolutions Inc.

An Independent Review Organization
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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW: Clinical Record – 04/12/2019
- Peer Review Report –X
- Utilization Review Determination X
- Reconsideration/Appeal of Adverse Determination –X
- Review Determination Recommendation –X
- Diagnostic Data Report –X

PATIENT CLINICAL HISTORY [SUMMARY X is a X -year-X. On X, X XX over a X's X and X. X was diagnosed with X pain,

other X as current injury, initial encounter; other X as current injury, initial encounter; X, initial encounter. On X, X was evaluated by X, MD for X pain, which was intermittent. Associated symptoms included X. The pain was worse with X. The pain was described as X. X examination showed X. Treatment to date included X, and a X (helped with pain on flat surfaces). An MRI X without contrast dated X identified high-grade X of the X with no X; X of the X body on a background of mild XX degeneration; low-grade X in the X with X (X); X X, favored to be on the basis of XX degeneration as opposed to X ; mild X; and a small X. X x-ray dated X identified X. A Physician Review was completed by X, MD on X. X opined that the request for the purchase of X for the X was denied. Rationale: In this case, the ODG guideline criteria have not been met. There was no evidence of severe X and the X reported benefit with the use of a X. It was unclear why an X was requested and no further information was obtained in case discussion to support the medical necessity of this request. Therefore, this request was non-certified. Per utilization review dated X, the appeal request for X denied. Rationale: It is unclear why there is a request for an X at this time. Although this patient does have X noted on physical examination, X already has use of a X which X states is beneficial. The use of this X was also stated in the previous review. Accordingly, another X would not be needed. This request is not supported.

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

The ODG supports the utilization of X, but indicates that custom X are only indicated under specific conditions. The records available did not indicate severe instability or a clear rationale as to why a custom X would be necessary as opposed to an off-the-X. While the provider does indicate some X with more X which is not adequately managed by the X would be reasonable, it is unclear why a X would be required. As a X is not indicated based on information available at the time of this review, noncertification of the requested custom functional X is advised.
Given the documentation available, the requested service(s) is considered not medically necessary and the decision is upheld.

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