Independent Resolutions Inc.

Notice of Independent Review Decision

Case Number: Date of Notice: 6/10/2019 3:17:31 PM 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: Physical Medicine & Rehab

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 Records –X
- Physician Advisor Reports –X
- Notice of Adverse Determination-WC Non-Network –X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X-year-old X who was injured on X. X was X X and sustained X. On X, X was seen by X, MD for X. X complained of X pain to X. X was unable to be X and X / X/ day. X even X for X program every X, daily X. X was X and required maximum assistance during X. X X was X primary XX, X and X, X was no longer able to provide the necessary care. On examination, there was decreased X. There was X, X of the X. X with X and X impairment was noted. X of all the X was also noted with X. Treatment to date consisted of medications (X), X X with removal of X within the X, X from X, X rehabilitation, X, X physical / X therapy, X therapy, X pain pump implantation. A Physician Advisor Report dated X, was completed by X, MD. Rationale: The Official Disability Guidelines required documentation for the medical necessity of X. These include medical conditions that X including objective deficits in function and the specific activities precluded by such deficits, the kind of services required, with the exception of tasks and services that could be performed by X or other X with an estimate of the duration and frequency of such services. X was unable to X. Evaluation of medical necessity of X was made on a case-by-case basis. For X beyond a period of X, the physician's treatment plan was to include a referral for in-X by a X. Personal care services being provided in the clinical records

submitted for review, had a documentation of a medical condition that X including objective deficits in function and the activities precluded by such deficits. However, the guidelines indicated that the X and X were not to be covered when there are no X provided. Dr. X stated that in the request for X, there was no quantity of hours per day listed in the request, although the request for X provided X was reasonable. Given the state of jurisdiction as not all requests were consistent with the guidelines, a peer-to-peer discussion was to take place for partial approvals. Dr. X had called the physician's office and spoken after which the request for X was non-certified. In a Physician Advisor Report dated X, X, MD documented that the X was non-certified. Rationale: Official Disability Guidelines recommended X only for otherwise recommended medical treatment for patients who were X, on a part-time or intermittent basis. The physician's treatment plan was to include referral for an in-X by X and assessment of activities of daily living to assess the appropriate scope, extent, and level of care for home health care services. Based upon the medical documentation presently available for review, the above-noted references were not supporting medical necessity for the specific request. The submitted clinical documentation did not provide any data to indicate a treatment plan included referral for an in-X by X professionals. The X services were not supported per criteria set forth. As such, the request for X was non-certified.

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

As noted at the time of a prior review, Official Disability Guidelines discusses indications for X, which may be indicated in order to assist a patient after hospitalization in order to avoid need for long-term care or rehospitalization. The medical records suggest that this patient has XX XX in activities of XX XX. However, the medical records do not outline specifically what type of assistance is anticipated from a X and, in particular, it is not clear how X is requested. Again, similar concerns noted in prior reviews have not been addressed at this time.

For these reasons, this request is not medically necessary and 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

ODG/Pain/Home Health Services