

Pure Resolutions LLC

Notice of Independent Review Decision

Case Number

Date of Notice: 5/28/2019 3:35:31 PM CST

Pure Resolutions LLC

An Independent Review Organization

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

- Notice of Adverse Determination-WC Non-Network –X
- Letter of X Necessity –X
- Utilization Review –X
- Diagnostic Data Report –X

PATIENT CLINICAL HISTORY [SUMMARY]: X. X is a X -year-old X who sustained an injury on X when an X across X and exited through X X. This resulted in X XX. X was diagnosed with X (X), without mention of complication; and post-X with ongoing X. On X, X was evaluated by X, MD for a follow-up. X indicated no pain that day. X did indicate a desire to X. X brought a list of items that would help X live independently with modification, and help X accomplish more activities of daily living. The list was made with the help of XX. Overall, X seemed stable. X was exercising by X and was continuing with a new X. X was O. On examination, the affect was appropriate. X in the residual X. X examination was normal. X test was negative. There was X, X, X or X. There was overall, which was within normal limits and good X. The assessment included status post X post-X and X with ongoing X. X used X, X, for backup. Laboratory data was reviewed and within normal limits. The treatment to date included medications (X, which were helpful) X, X support, X program, and surgical intervention. Per a utilization review decision letter dated X, the requested services of X for tablet and X was established with a representative, XX PA. With regard to the request for XX, this request is not supported. Despite the claim that the patient had sustained, the X necessity of the request was not established. There was no indication that the patient could not obtain X on an as-needed basis for use with X reported XX and X. The physician did not elaborate on how the use of a X was directly attributed to the patient completing activities of daily living or work-related duties. Furthermore, although the physician claimed that use of a X via the patient's XX and with X, this did not support the patient receiving X the devices in one setting. With regard to the request for the X, this request is not supported. There was no information provided by the treating physician pertaining to why the patient necessitated this particular device. There was no reference to the patient requiring this type of X for completion of activities of daily living or work-related duties. Given the lack of information, the requested service was not deemed a X necessity and was determined as a convenience or luxury item. With regard to the request for the X set, this request is not supported. The physician indicated that the patient required replacement of X current X because of XX and XX from frequent XX. However, there was no reference to the patient having the inability to continue utilizing X X for preparing meals. The request was not deemed a X necessity, but rather a convenience or X. With regard to the request for the multiple X, these requests are not supported. The physician claimed that the need for these XX was to prevent X of the patient's X. However, given that the patient was not suffering from a X related injury and was not at risk for falls, the X necessity of the request was not established." A letter of X necessity / appeal letter for X items was written by Dr. X on X in regards to X necessity for household items. X had X, required special need items for everyday X. The list of items that X provided would help X live XX in X home surrounding environment and help X accomplish more activities of daily living (ADLs) and also reducing the wear and tear of X X X while also protecting X X XX in the long run. X XX was made of X which had a potential for X and X did not have X to help X XX onto XX to help prevent a X With X XX, X could prevent accidental falls which could

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cause more bodily harm and damage to XX. The X was heavy in nature, which helped with X X XX when XX the XX for XX and moving the XX on the XX. The X was dense, which XX more easily, causing XX XX to XX on X with a potential for X. The X for X were needed for everyday use for making XX XX more easily in case of a potential emergency within X home or X outside surroundings. The X were needed in place of conventional XX; X. X did not have XX XX that required the range of motion with XX and XX for XX. The XX XX XX were with a XX-XX XX, making it easier using XX. The X were for home use when XX XX XX that contained XX such as XX XX; XX packages or XX that came in XX. The above items would not be found in the OGD guidelines as all items individually were under X. The above items were a necessity for everyday use for home use safety and activities of daily living. Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Approval was negotiated for X. Rationale: "Regarding the X, the patient suffered X. The request was recommended to allow the patient to perform everyday XX XX easily in case of an emergency. This case was previously denied due to no indication the patient could not obtain a X on as-needed basis for use with X reported X; no rationale on how use of a X was directly attributed to the patient completing activities of daily living or work-related duties; and no indication for X of the devices in one setting. The request is for the convenience of the patient and the guidelines state that most assisted devices, were designed for the fully mobile, independent adult, and the guidelines do not cover them. Regarding the XX XX XX, the patient suffered XX XX of the XX XX. The request was recommended to allow the patient to XX XX XX. The request is for the convenience of the patient and the guidelines state that most assisted devices were designed for the fully mobile, independent adult, and the guidelines do not cover them. Regarding the XX XX XX, the patient XX XX XX of the XX XX. The request was recommended to help the XX when XX. The request is for the convenience of the patient and the guidelines state that most assisted devices, were designed for the fully mobile, independent adult, and the guidelines do not cover them. Regarding the nonslip rugs, the patient suffered X. The request was recommended to prevent falls. There continues to be no indication the patient suffered from a X XX injury and was at risk for falls. There continues to be no indication the patient suffers from X deficits. The patient also had X." Per an addendum, the additional documentation was received on X. The prior denial was upheld.

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

Question 1: X;--Not medically necessary and upheld. The Official Disability Guidelines discusses X. Such X is generally not considered to be necessary from a X perspective if such treatment is not primarily and customarily used to serve a X purpose and if such treatment would be useful to such a person in the absence of illness or injury. Multiple items have been requested at this time which are general consumer items marketed outside the context of a X indication or use. The records do not contain a rationale to why these would be considered to be X. Thus although the may be helpful or useful, this X is not certifiable from a X perspective. Given the documentation available, the requested service(s) is considered not medically necessary. Question 2: X x1 pair--Not medically necessary and upheld. The Official Disability Guidelines discusses X. Such X is generally not considered to be necessary from a X perspective if such treatment is not primarily and customarily used to serve a X purpose and if such treatment would be useful to such a person in the absence of illness or injury. Multiple items have been requested at this time which are general consumer items marketed outside the context of a X indication or use. The records do not contain a rationale to why these would be considered to be X. Thus although the X may be helpful or useful, this X is not certifiable from a X perspective. Given the documentation available, the requested service(s) is considered not medically necessary. Question 3: X X --Not medically necessary and upheld. The Official Disability Guidelines discusses X. Such X is generally not considered to be necessary from a X perspective if such treatment is not primarily and customarily used to serve a X purpose and if such treatment would be useful to such a person in the absence of illness or injury. Multiple items have been requested at this time which are general consumer items marketed outside the context of a X indication or use. The records do not contain a rationale to why these would be considered to be X. Thus although the X may be helpful or useful, this X is not certifiable from a X perspective. Given the documentation available, the requested service(s) is considered not medically necessary. Question 4: I Disability

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

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