

Pure Resolutions LLC

Notice of Independent Review Decision

Case Number:

Date of Notice: 6/10/2019 8:16:43 AM CST

Pure Resolutions LLC

An Independent Review Organization

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: Physical Therapy Notes –X

- Clinical Records –X
- Reports of Medical Evaluation –X
- Maximum Medical Improvement and Impairment Rating Report –X
- Designated Doctor Examination –X
- Peer Reviews –X
- Utilization Reviews –X
- Diagnostic Data –X

PATIENT CLINICAL HISTORY [SUMMARY]: X. X X X X is a X-year-old X who was injured at X on X. X stated X was X and X X, and when XX, X had immediate X pain that XX X to the X. X stated the X weighed more than X. X described having X pain in X X since that time. X diagnoses were X pain, X with X of the X region, X of X region, X, X, other X of X region, and other specific X not elsewhere classified at other specified site. A designated doctor evaluation was completed by X, DC on X. X. X X X rated the X pain, X pain, and X X pain at X that day and X at its worst. X stated that initially after the accident, X began having X pain but in X, X started having X pain also. On examination, XX, X with a X and was not using any X/ X. Sensory examination of the X revealed mild decreased sensation in the X pattern. The X reflexes were X. X testing in the X revealed the following: There was a X of the X. There was X of the X. The anterior XX were graded X, and X were graded X. Great X and flexor X muscles were graded X. X circumference X above the X with the X fully extended and the muscles relaxed was X and X. circumference at the maximum circumference on the X and at the same level on the X. Examination of the X revealed mild tenderness noted in the X muscles at X. X raise at X X pain that increased with X of the X X and internal rotation of the X. X at X X pain that increased with X. X raise at X pain and X pain that increased with X. X raise at X on the X pain that increased with X. X range of motion was as follows: X with X, X, and X. It was documented that X. X X X reached maximum medical improvement for the X on X. Total X impairment equaled X impairment. X, DC completed a designated doctor evaluation on X. On examination, X. X X X's X was guarded. X was able to X on the X. When X, after 1-2X, there was X, referring to X. There was a X lean to the X. X was noted X, X. X raising in the X was X on the X, radicular X, and X degrees on the X, radicular 5/5. Sensation to pinwheel, reported sharpness along X, and decreased sensation at X, on the X. X flexion and extension were decreased at X degrees. X was unable to be performed due to pain. The X was X with X of the X. X were X. X (X) was X and XX. X (at X) was X and X. The diagnoses were X, X, X, and X. Dr. X opined that X. X X X had not reached X at the time and no X could be rendered at the time. On X, X. X X X was seen by X, MD for X. X visited for X and for an X plan as X including X had failed. X complained of constant X pain and rated the pain at X. The pain was a X, that was occasionally x. The pain radiated down the X and did extend past the X into the X. The pain was aggravated with X. The pain was relieved with X and X (temporarily), X, and X treatment. X also complained of X pain that was worsening. The X XX pain was worsening, was rated as X and was constant. X was now unable to perform X X due to pain and was restricted until X was able to proceed with treatment. The pain was X, that was occasionally X. The pain radiated down the X and extended past the X and into the X. There was weakness in the X as stated by X. X X X. On examination, there was tenderness present at the X with decreased range of motion X to pain. X spasms were also noted. The X had X tenderness and mildly reduced range of motion. The X had generalized X, with mild tenderness of the X. The X was also noted to have generalized weakness. An MRI of the X dated X

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identified X/ X. There was X, but no significant X. Treatment to date consisted of medications (X (no response), and activity restriction. Per a utilization review determination letter dated X and a physician advisor determination dated X by X, MD, the request for X, outpatient was noncertified. Rationale: "Based on the clinical information provided, the request for X, outpatient is not recommended as medically necessary. Office visit note dated X indicates that the patient reports that X pain does X. The patient reportedly underwent a recent designated doctor evaluation; however, this report is not submitted for review. While the submitted X MRI documents slight displacement of the X, there is no documentation of X. Medical necessity is not established in accordance with current evidence based guidelines." Per a utilization review determination letter dated X and a physician advisor determination dated X, by X, DC, the request for reconsideration for X, as outpatient was noncertified. Rationale: "The examination findings are not consistent with the MRI. The claimant is also evaluated by pain management specialist X, MD, on X. Dr. X notes that the claimant states X is having X and X pain. The claimant also reported that X does not have any X. The examination by Dr. X notes that X in the X. Also notes that the sensation to X is reduced in X regions. X notes that X X and station are normal and that X raising is positive X but does not indicate what the X raise produces, whether it is X pain or X symptoms. He does note that the X test, however, is X. In summary, there is a possible need for a X. However, there is no indication noted on physical examination by Dr. X for the medical necessity of a X level. Therefore, since I am unable to speak to Dr. X, the request for X is not medically necessary and cannot be altered to just the X

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

The Official Disability Guidelines discusses X. An X may be indicated in situations where a patient has symptoms, examination findings, and diagnostic studies which correlate to suggest a X level. These findings have been met in this case. At this time, the request is medically necessary and should be X.

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® 2019 released: ODG® (24th annual edition) and ODG® Treatment in Workers' Comp (17th annual edition)/XX
XX Chapter