

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 387-2647

Email: resolutions.manager@ciro-site.com

Review Outcome

Description of the service or services in dispute:

XX XX flexionator XX days rental (for the XX XX)

XX Durable medical equipment, miscellaneous

XX XX XX

XX Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Orthopedic Surgery

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

XX. XX XX is a XX-year-old XX who was injured on XX. The biomechanics of the injury was not available in the medical records. XX was diagnosed with XX of the XX XX (XX.XX). The poorly scanned medical records were partially legible.

XX. XX was seen by XX, XX on XX for a postoperative visit. XX had undergone a XX XX repair on XX. Overall, XX was improving. XX reported no significant swelling, no wound problems, no distal paresthesia, and no radicular symptoms. On examination, the incisions were well-healed. XX had 110 degrees of XX range of motion. The assessment included rupture of XX tendon.

The treatment to date included medications (XX-XX, XX, and XX), XX XX, XX therapy, and surgical intervention including XX XX tendon repair.

Per a utilization review decision letter dated XX and peer review dated XX, the request for XX XX flexionator, XX days rental (for the XX XX) was denied by XX, XX. Rationale: "As noted in the Official Disability Guidelines (ODG), flexionator, as were proposed here, should be employed within XX months of major surgery. Here, the request in question was initiated outside of the XX-month postoperative window during which such devices are recommended, per ODG, with the claimant having undergone XX surgery on XX. ODG also noted that such devices should be employed only in those individuals in whom XX therapy has proven unsuccessful

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in adequately corrective range of motion limitation secondary to postoperative XX. Here, however, a progress note dated XX stated that the claimant remained with normal XX range of motion to 110 degrees, further arguing against the need for the device in question. Therefore, XX XX flexionater XX days rental (for the XX XX) is not medically necessary.”

Per an appeal letter dated XX by XX, XX. XX had been improving with the XX XX flexionater in XX therapy. XX had failed with XX; therefore, XX recommended the use of the XX XX flexionater.

Per a utilization review decision letter dated XX and peer review dated XX, the prior denial was upheld by XX. Rationale: “In this case, the records provided for the review indicate the XX flexionater being beneficial, specifics of response over time was not identified with correct range of motion of the XX. Therefore, the request for DME, XX XX flexionater XX days rental (for the XX XX) is not medically necessary.”

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

The ODG supports the use of flexionators in conjunction with XX therapy within XX months of major XX surgery if XX weeks of PT alone has been unsuccessful in adequately correcting range of motion limitations secondary to postoperative XX. The documentation provided indicates that the injured worker underwent a XX XX repair on XX. A progress note dated XX indicated that the injured worker was improving with XX therapy and a XX and had achieved 110° flexion. The provider requested a flexionator rental for XX days. Based on the documentation provided, the ODG would not support the requested flexionator as the injured worker was more than XX months from the date of surgery and there was no indication that XX therapy had been unsuccessful in adequately correcting range of motion as the injured worker was documented as achieving 110° flexion. 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
- 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

XX and XX Chapter

Flexionators (extensionators)

XX

- Pressley Reed, the Medical Disability Advisor

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- 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
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.