

Envoy Medical Systems, LP
1726 Cricket Hollow Drive
Austin, TX 78758

PH: (512) 705-4647
FAX: (512) 491-5145
IRO Certificate #XX

DATE OF REVIEW: 04/29/19

IRO CASE NO. XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

XX (XX) evaluation for entrance to work hardening program: XX diagnostic evaluation, XX; XX testing, XX; XX test administration and scoring, XX; XX test administration and scoring, XX.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Physician Board Certified in XX Medicine & Rehabilitation

REVIEW OUTCOME

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

Upheld	(Agree) <input checked="" type="checkbox"/>
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

The patient is a XX year old XX XX XX XX who sustained an injury to XX lower XX in XX while XX a XX XX. XX reported that XX had to XX the XX XX up to a XX XX XX and remove the XX XX XX. XX began noticing pain that XX. On XX, a XX examination documented by XX XX, XX, XX, showed tenderness to palpation around the XX and XX XX XX area with limited XX XX, XX, and extension. No neurological exam abnormalities and no report of radicular pain. Apparently, there was a previous worker's compensation injury claim from XX for XX lower XX. XX. XX's notes indicate that a referral for an epidural steroid injection by interventional pain was placed, as well as prescriptions, functional capacity evaluation, and work hardening program. Per denial report, XX has had an xray (results unknown), some XX therapy, prescription medications in the form of XX and XX. XX was diagnosed initially with strain of muscle XX and tendon of lower XX. XX was sent to XX. XX XX, XX, for XX interview with testing and work hardening readiness evaluation and placed on light duty with XX lb lifting restriction on XX. The initial denial report from XX. XX XX-XX on XX indicates that per records, there was consideration being given to interventional pain management consultation, more XX therapy and XX joint injections. This indicated that all conservative treatment measures were not exhausted. The appeals denial report from XX. XX XX indicates that report of outcome from previous therapy was not documented.

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

Opinion: I agree with the benefit company's decision to deny the requested service.

Rationale: This review pertains to the need for a work hardening program evaluation for diagnosis of XX strain/sprain. Per ODG and denial letters, there is no documentation that conservative treatment was exhausted. There is pending referral to interventional pain management and functional capacity examination. There is no documentation of previous XX therapy for the current injury although there is reference to it being denied due to previous XX therapy from XX previous injury in XX. The request for a work hardening program evaluation is not medically necessary.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW XX PAIN

INTERQUAL CRITERIA

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)