

True Resolutions Inc.

Notice of Independent Review Decision

Case Number:

Date of Notice: 5/21/2019 2:03:24 PM CST

True Resolutions Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #624

Mansfield, TX 76063

Phone: (512) 501-3856

Fax: (888) 415-9586

Email: manager@trueresolutionsiro.com

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • Clinical Records – XX, and Undated

- Maximum Medical Improvement and Impairment Rating - XX
- Report of Medical Evaluation – XX
- XX XX Notes - XX
- Letter – XX
- Texas Workers' Compensation Work Status Report – XX
- Adverse Determination Denial Letters – XX
- XX Capacity Evaluation Report – XX
- Reconsideration Denial Letter – XX
- Diagnostic Data – XX

PATIENT CLINICAL HISTORY [SUMMARY]: XX. XX XX is a XX-year-old XX with date of injury XX. XX sustained a work-related injury. XX reported that XX was a XX for XX XX - XX XX. XX was working on XX XX, but that they needed a XX XX to be fixed and that XX asked a XX-XX to help XX pull the other XX XX. The XX-XX was XX a XX XX and pulling XX in the other XX XX with a band. XX XX-XX went around the building and XX into the XX instead of only the XX and that XX XX XX XX over and XX on XX of XX XX XX dragging XX along while on top of XX XX. XX reported that XX XX-XX finally turned and saw what happened and stopped. XX reported that two XX-workers came to XX the XX XX off of XX and placed XX in another XX XX to take XX to the shop. XX reported that XX XX XX was swollen and in a lot of XX. XX was diagnosed with XX XX XX of the XX XX XX, XX disorder with related XX XX, and XX XX. On XX and XX, XX XX, MD evaluated XX. XX. On XX, the XX XX demonstrated no XX, XX, XX, XX XX, XX XX or temperature XX compared to the XX XX. XX X XX side. Dr. XX opined that XX. XX was diagnosed with XX XX XX and it was not a complex regional XX XX, but was more XX. Dr. XX believed XX. XX would be a good candidate for a XX XX XX. On XX, it was documented that XX. XX was recommended XX XX XX, which was denied and the suggestion by the reviewer was for XX. XX to have individual XX and XX XX before submitting for XX XX XX. XX examination remained unchanged. The XX was palpable with some point tenderness. XX ambulated without significant issues. Individual as well as XX XX were requested. XX XX, PhD completed a behavioral evaluation and request for services on XX. The request was for 10 trial sessions of XX XX management XX. XX had sustained a work-related injury on XX. XX received initial treatment at the XX Emergency Room where XX was given medication and a XX. XX had a XX XX in and around XX XX XX. On examination, since the work-related injury, XX. XX's XX condition had been preventing XX from acquiring the level of stability needed to adjust to the injury, manage more effectively the XX, and improve XX level of functioning. XX XX symptoms appeared to be marked by XX, XX increase / decrease a little of both, XX, XX, XX ,XX ,XX , XX , become XX more easily, XX , XX , XX , XX , XX , not able to XX , XX, difficulties XX, XX, XX /XX /XX , XX of XX,XX XX , increased concerns about XX health, and increased XX with XX or when XX. Beck XX Inventory II (BDI-II) score was XX with the mild range of the assessment. Beck XX Inventory (BAI) score was XX, within the XX. The Screener and XX Assessment for Patients in XX-Revised (XX-R) score was 17, indicating low risk for XX of XX XX XX XX. XX revealed work scale of XX, which was XX and activity scale was XX, which was XX XX status

True Resolutions Inc.

Notice of Independent Review Decision

Case Number:

Date of Notice: 5/21/2019 2:03:24 PM CST

examination revealed that XX appeared to have a XX with XX and XX . This interview was conducted in XX , which was XX XX language. XX reported that XX was XX. XX was normal in speed and in volume. Thought processes were coherent. Mood seemed XX. XX affect appeared XX to mood. XX made a good eye contact. The XX resulting from XX injury had severely impacted the normal functioning XX and XX . XX reported XX and XX related to the XX and XX behavior, in addition to decrease ability to manage XX. XX reported high XX resulting in all major life areas. Dr. XX opined that being that XX. XX had not been able to become stabilized enough to enhance coping mechanisms to more effectively manage XX and achieve success in XX, Dr. XX requested that XX. XX participate in 10 trial sessions of a behavioral multidisciplinary XX XX management XX. Without this type of intensive intervention, XX XX beliefs and thoughts were likely to continue in a XX XX as the XX XX continued to affect XX quality of life. It was crucial that XX. XX receive other necessary components, which were not provided in individual XX, to help obtain the tools needed to succeed and increase overall level of functioning. The XX was staffed with multidisciplinary professionals trained in treating XX XX. The XX consisted of, but was not limited to, daily XX and stress management group, relaxation groups, individual XX, nutrition education, medication management and vocational counseling as well as XX activity groups. These intensive services would address the ongoing problems of XX, XX , and returning to a higher level of functioning as possible. Per a XX Capacity Evaluation (FCE) dated XX, XX XX, PT evaluated XX. XX to determine XX overall XX and XX abilities as it related to the XX demands. Material handling abilities revealed bilateral lifting ability of XX pounds, XX XX of XX pounds, frequent XX ability of XX pounds, XX /XX ability of XX pounds, XX pounds, and XX carrying ability of XX pounds. XX demonstrated the ability to perform XX of the XX demands of XX job as XX-XX XX. The return to work test items XX. XX was unable to achieve successfully during this evaluation which included constant XX inch to XX , constant XX, XX coordination, XX , XX balance up off the ground and standing. XX demonstrated the ability to perform within the heavy XX demand category (PDC). XX was able to work full-time at the time. It should be noted that XX job as a XX XX XX was classified within the heavy XX. X-ray of the XX XX dated XX revealed normal XX XX. An electromyography (EMG) of the XX XX dated XX revealed XX evidence of a XX XX compatible with the clinical diagnosis of XX XX XX XX (severe-XX XX and moderate-to-severe-XX XX). There was also XX evidence of a XX XX and XX XX lesion. There was no electrophysiological evidence of a XX. An MRI of the XX XX dated XX revealed XX of the XX raising question of xx . The treatment to date consisted of medications (XX), XX, XX , XX XX XX release, XX XX XX XX, extensive; XX XX arthroscopic partial XX; XX XX XX; and 6 XX XX visits. Per a utilization review determination letter dated XX, a recommended prospective request for 10 sessions / 80 units of a XX XX XX (3 times a week) to include CPT code: XX (under other XX medicine and XX service or procedures) between XX was non-certified by Yxx , MD. Rationale: "In my judgment, the clinical information provided does not establish the medical necessity of this request. As per the guidelines, a person must meet certain criteria before a XX XX XX can be provided. A XX XX XX combines multiple treatments that include XX care along with XX XX, XX XX, and medication management often including XX XX or XX. Currently, there is no indication this injured XX has failed an outside referral for XX such as XX or XX to indicate the need for a multidisciplinary approach. The injured XX has mild XX and XX. Given the mild findings, the injured XX should be able to undergo an outpatient XX XX XX. Such treatment does not require that it be provided in a multidisciplinary XX. Furthermore, the injured XX is currently not taking any XX dosage XX in where XX XX or XX would be needed. Optimizing the use and dose of oral XX adjuvants including XX and XX XX such as XX and XX and using non-XX XX are recommended alternatives to treat the XX XX and does not require a multidisciplinary setting for the XX of such medications. Moreover, guidelines indicated that if a XX is planned for an injured XX that has been continuously XX far greater than XX months, the outcomes far the necessity of use should be clearly identified, as there is conflicting evidence that XX XX programs provide return-to-work beyond this period. The injured XX has a date of injury that is almost XX years old. Given these reasons, the medical necessity for a XX restoration XX is not established. Therefore, the requested 10 sessions / 80 units of a XX XX XX (3x a week) to include CPT code: XX (under other XX medicine and XX service or procedures) is non-certified. Per a utilization review determination letter dated XX, a recommended prospective request for 10 sessions / 80 units of a XX XX XX (3 times a week) to include CPT code: XX (under other XX medicine and XX service or procedures) between XX and XX was non-certified by XX XX, MD. Rationale: "In my judgment, the clinical information provided does not establish the medical

True Resolutions Inc.

Notice of Independent Review Decision

Case Number:

Date of Notice: 5/21/2019 2:03:24 PM CST

necessity of this request. This is an appeal of review XX that was non-certified based on the absence of evidence to support the medical necessity of this request. The rationale from a prior peer review remains relevant. The records do not establish that the injured XX has failed an outside referral for XX / XX to substantiate the need for a multidisciplinary approach. The injured XX has only mild XX and XX. As such, the injured XX should be able to have out-injured XX XX, which does not need to be provided in the context of a multidisciplinary XX. In addition, the injured XX is not taking XX XX XX in which case XX XX or XX would be needed. Optimizing the use and dose of oral XX adjuvants including XX and XX XX-XX such as XX and XX and using non-XX XX are recommended alternatives to treat the XX XX, and does not require a multidisciplinary setting for the titration of such medications. Finally, per peer discussion, the provider felt that XX XX to the XX / XX should also be tried. Given these reasons, the medical necessity of this request was not established. The request for 10 sessions / 80 units of a XX XX XX (3x a week) to include CPT code: XX (under other XX medicine and XX service or procedures) is not medically necessary.

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

The Official Disability Guidelines discusses criteria for consideration of a multidisciplinary treatment XX or XX XX management XX. Such a XX may be indicated for patients with ongoing XX XX and XX limitations not resolved after exhausting XX treatment options. A prior Physician Review recommended non-certification of this request given that the patient had not exhausted XX options. An appeal by the evaluating XX clarifies that the requested XX is indeed an outpatient XX. While it is true that the requested XX is an outpatient XX, what is unclear is whether this would be appropriate timing for a XX outpatient XX as opposed to first XX. The patient may be in a better position to benefit from a XX XX after first exhausting such treatment options. The appeal letter does not provide a rationale as to why this patient would require such a multidisciplinary XX prior to exhausting XX options. Therefore, the 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-Official Disability Guidelines and Treatment Guidelines Chronic XX programs (XX restoration programs)