

IRO Express Inc.
Notice of Independent Review Decision

IRO Express Inc.
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PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X while X was X. To prevent from X, X. X was diagnosed with X. X was evaluated by X, MD on X for postoperative evaluation. X was X. X appeared to be doing well. X stated that X had some pain on X to the point where X could not X without pain. X did not report any X. On examination, X appeared to be X. X had X. The X. There was no evidence of X, and no X. X had an appointment with X., MD on X. X continued to be unable to X. Sleeping became difficult for X. X was not able to X. X also had increased pain. X was not doing X, but was trying to stay aerobically active. On examination, X appeared to be down in the dumps. X continued to have exquisite / discrete discomfort at the X. X had difficulty X off the examination table. Measuring with the goniometer, X only had X. X had marked pain and discomfort at end range of motion with all of these maneuvers. X was unable to extend the X due to pain at the X. Resisted X. X was noted with a X. An MRI of the X showed X. There was X increased X. X tearing along the X could not be excluded; however, there was X. The treatment to date included medications (X), X. Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: "Per evidence-based guidelines, X is recommended. X is not recommended except for rare complete X. As soon as pain allows, it is critical to begin a program of X. In this case, X stated X had some pain on X where X could not X without pain. Post-operative MRI showed status post X. There was a X increased X. X cannot be excluded; however, there is no full- X. A request for X was made; however, X is not recommended except for rare complete X. Moreover, there was no thorough assessment of the affected body part in the medical report to determine the present status of the patient. The guideline further states that X generally heal without surgery. Complete X in

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adults is rare, but when there is complete X, especially with a significant X is an option. There are no extenuating circumstances to deviate from this non-guideline recommendation.” Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. This request is not supported. A note dated X states that an MRI shows X. A subsequent note two days later on X states that there is a X. No official MRI report was provided. The claimant states that X is doing well. Considering lack of subjective complaints and no official MRI report as well as contradictory progress notes, this request is not medically necessary. The previous review also stated that guidelines do not support its X. Accordingly, this request is not medically necessary.”

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

The ODG supports surgery for X. There should be evidence of X. The document X provided indicates that the injured worker underwent a X. A recent physical examination documented X. An MRI documented X at the site of the X. The provider has recommended a X. Based on the documentation provided, the ODG would not support the requested X is recent imaging did not document X. Given the documentation available, the requested service(s) is considered not medically necessary and therefore upheld.

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

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

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- ☐ 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 & TREATMENT GUIDELINES
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TMF SCREENING CRITERIA MANUAL