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**PATIENT CLINICAL HISTORY [SUMMARY]:** X with a date of injury X. X injured X. X was diagnosed with X. On X, X was evaluated by X, DO. X had done much better with X to about X degrees. X had made some progress and felt that X could try that on X own with some X. X previous X request had denied for additional therapy. X was released at maximum medical improvement with X impairment to the X. X was also released to full duty without restrictions. X attended a X, PT on X. X had continued X. X was unable to participate fully in one or more community of life events due to impairments associated with ongoing injury. The X pain was located at the X. The examination showed X. The X was X degrees with X. X was X degrees and X degrees. X degrees and X degrees with X noted. X was to the level of X degrees with X. X was to the level X. X had an initial consultation with Dr. X on X for the X pain. X was taken to the X for a X. X had one session of X but continued to be very X. X had pain with any attempted X or X. X had some relief with rest. X had not returned to work. On examination, the X revealed X degrees, X degrees, and X degrees. X had reasonable X. X was diagnosed with X. Treatment to date consisted of X. Per a utilization review determination letter by X, MD dated X, the request was denied. It was determined that the request was submitted for treatment in the form of X. A medical document dated X indicated that subjectively, there were symptoms of pain, rated as X in the affected X. There was an ability to X degrees and abduct the affected X degrees. Reportedly, X had been provided since X intervention was performed. It was documented that X was performed to the affected X on X. The requested amount of X would exceed what would be supported per criteria set forth by the previously noted reference for the described medical situation. The prior reference would support an expectation for an ability to perform a proper non-supervision X when an individual was far removed from undergoing X intervention to the affected X and when there had been a prior attempt at treatment in the form of supervised rehabilitation services. Consequently, medical necessity for treatment in the form

of X was not established and was recommended non-certification. A letter dated X by X, DO indicated that the reconsideration request for X non-certified. Dr. X stated "Official Disability Guidelines recommends X. A prior request for therapy was denied due to the request exceeding the guidelines recommendations of sessions. Per the report, the patient underwent a X. The patient remained with ongoing pain to the X with a decreased X. However, there was a lack of documented functional improvement with past therapy sessions to warrant ongoing formal care. Additionally, the request for nine sessions exceeds the guideline's recommendations and the patient should be able to continue with a X at this time. Spoke with X, DO and the case was discussed. We discussed that the patient did not want any type of X. We also discussed that the patient had not improved with X. We discussed that there was no reason that the patient could not X. As such, the appeal for X remains non-certified."

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

The ODG recommends up to X. The provided documentation indicates the injured worker underwent X. The progress note from X indicates the injured worker has made some progress with X and felt they could try X. When noting the ODG recommends up to X were completed, it is documented that the injured worker felt they could try X, and there is no evidence of a failure of a X, the request for X is not medically necessary.

Given the documentation available, the requested service(s) is considered not medically necessary and the request is 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