

**True Decisions Inc.**  
**An Independent Review Organization**  
**1301 East Debbie Lane Suite 102 #615**  
**Mansfield, TX 76063**  
**Phone: (512) 298-4786**  
**Fax: (888) 507-6912**  
**Email: [manager@truedecisionsiro.com](mailto:manager@truedecisionsiro.com)**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was injured on X, performing X normal work activity and noted the X. X was diagnosed with X. X was evaluated by X, MD on X for complaints in the X. On X, X presented for a follow-up. X had recently visited Dr. X for a second opinion, who agreed with X. X continued to have discomfort and had painful X. X noted X. There was X with X activity. On examination of the X, X had a X test. X at the side revealed X, which caused discomfort. The X showed forward X degrees, X degrees, and X. X testing did reveal X with substitution specific to the X. X had X over the X. The examination was consistent with a X. The plan was to proceed with X examination of the X with indicated procedures including X. On X, Mr. X presented for a follow-up. X request for X was denied again. X became extremely frustrated with the situation. There was increase in the pain level and weakness. X continued to work. The plan included proceeding with X. On X, Mr. X ongoing symptoms remained essentially unchanged. X had more pain at night. Dr. X commented that a X was contraindicated, as this would lead to further X. X recommended to proceed with the X. The treatment to date included medications (X), and X visits of X (not helpful). An MRI of the X revealed a X. The remaining X. There was mild X present at the 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 reserved for

cases failing X with evidence of pertinent subjective complaints and objective findings, corroborated by imaging. In this case, MRI of the X dated X revealed a X. The remaining X. There were mild X present at the X. The remaining X was otherwise unremarkable. There was no MRI evidence of X. In this case, the patient has MRI evidence of a X symptoms and exam findings. However, the guidelines specifically recommend X months of X. In this case, there is incomplete documentation of such conservative care. I made multiple attempts to contact the surgeon to garner additional information or exceptional circumstances. This was unsuccessful. Therefore, based upon the provided documentation, the request is not currently supported.” Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: “Per evidence-based guidelines, X surgery is reserved for patients with evidence of pertinent subjective complaints and objective findings corroborated by imaging studies that would be suggestive of X after the provision of conservative care. In this case, the presented subjective and objective clinical findings in the most recent evaluation were limited and did not meet the guideline criteria to warrant the requested X. There was no documentation of significant X persisting at least X, pain with active arc motion between X degrees, pain at night, temporary relief of pain with an anesthetic injection (X), and a X. In addition, although PT notes were submitted, there was limited objective evidence of failure from other conservative treatments rendered prior to considering X. Lastly, significant X were not clearly established to support the need for X. Exceptional factors were not established. The prior non-certification is upheld.”

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

The ODG recommends X when there has been a failure of at least X months of X treatment with persistent subjective complaints, pertinent objective findings, and imaging findings of at least X. The ODG does not recommend X is an isolated procedure and recommends at least X treatment unless earlier surgical criteria are met for other associated X diagnoses. The ODG recommends X when there is a failure of the X with persistent pain, objective tenderness over the X. The ODG recommends the use of a X. The provided documentation reveals evidence of persistent X pain greater than X months out from injury despite treatment with medications and X visits of X. The provider has noted a X is contraindicated.

There are physical examination findings of a X. An MRI has revealed a X. The X is consistent with posttraumatic changes.

Based on the provided documentation, the X, are medically necessary, and the request is overturned.

**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