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Patient Clinical History (Summary)

X with date of injury X. X. X was diagnosed with pain in the X, closed X.

X consulted X, DPM on X for the complaints of X pain with X. It was rated at X. It was X. The associated symptoms included X. X wished to proceed with the X. Examination revealed X. Examination of the X. Tenderness to palpation of the X was seen. There was tenderness to palpation of the X. Pain with X was noted. Diminished X was noted secondary to X. The X test was X. Positive X sign was noted on the X. X was noted to be X in the X. The X was guarded secondary to the pain. X showed X test pain and instability and X pain and instability. The X test showed X. X test was X on X. Instability of X was seen. X was scheduled for X. A X and X were to be used as directed.

X was seen by Dr. X on X for a follow-up status X. The X was healing well. X were reported. The X were normal. X was X. X continued to have pain and was requesting X. X had been denied as it was not medically necessary. On examination, the X. The X were normal, and the X was intact. The X were well X. X examination detected X. X at the X and X were noted to be normal. X was X in the X, X. The X were well collected. There was X noted. There was X noted along the X. Pain was noted with

X. The X than the X. Per Dr. X, X required anywhere from X weeks of X for appropriate healing. X had a denial of X and had been utilizing X, which would delay X treatment. Dr. X recommended that the X be immediately authorized to ensure that X got the appropriate outcome from X.

An x-ray of the X dated X demonstrated no X. An x-ray of the X dated X demonstrated X. There was X. X was noted along the X. An MRI of the X dated X showed X. No associated X was noted.

The treatment to date included medications (X), X.

A Notification of Adverse Determination was documented on X by X, DO. Per a peer-review summary by Dr. X, the request of X was noncertified. The rationale was as follows: "Per evidence-based guidelines, X are preferable for patients with X. Also, the guideline indicated that a X is recommended if the patient requires and will use a X to move around in their residence and if it is prescribed by a physician. In this case, the patient complained of X pain with X. Per the nurse clinical summary, X has been authorized for X. In this case, a request for X was made. However, there was no up-to-date assessment presented for review to determine the patient's ongoing health status and possible functional deficits that would warrant the need for the current request. Also, a clarification is needed as to why both a X was being requested. Clarification is needed regarding the current request and how it would affect the patient's clinical outcomes. Clear exceptional factors were not noted." Per the primary reason for determination, the request was noncertified. Rationale: "There was no up-to-date assessment presented for review to determine the patient's ongoing health status and possible functional deficits that would warrant the need for the request. Also, a clarification is needed as to what both a X was being requested."

A Notification of Reconsideration of Adverse Determination was documented on X by X, DPM. It was determined that the proposed treatment of X did not meet the medical necessity guidelines. The request

was non-certified. Per a Peer Review summary by Dr. X, the available medical records were reviewed. The clinical basis for determination was as follows: “Per evidence-based guidelines, X are preferable for patients with X while a X is recommended if the patient requires and will use a X to move around in their residence and if it is prescribed by a physician. In this case, the patient complained of X activity and had X. It was noted that the patient has been scheduled for surgery. Treatment plan included X and all other indicated procedures. There was a previous adverse determination dated X whereby the request for X was non-certified. It was not objectively addressed if the X will be used to move around in the residence.” There was a prior adverse determination dated X whereby the request for X was noncertified. The reviewer noted that there was no up-to-date assessment presented for review to determine X ongoing health status and possible X that would warrant the need for the request. Also, a clarification was needed as to what both X was being requested; however, there were no actual records submitted to objectively verify the information. “Per evidence-based guidelines, X are preferable for patients with X while a X is recommended if the patient requires and will use a X to move around in their residence and if it is prescribed by a physician. It was not objectively addressed if the wheelchair will be used to move around in the residence. Unable to update this information without return call from provider. Therefore, based on the clinical information submitted for this review and using the evidence based, peer-reviewed guidelines referenced above, this request remains non-certified.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

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

Up-to-date assessments to establish possible functional deficits that would warrant the need for the request. Also, it is unclear as to why the previously provided X would not be adequate to address ambulation needs. A clear indication as to why a X would be medically necessary in this case was not provided in the medical records submitted.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division)

Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.