Health Decisions, Inc.
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IRO REVIEWER REPORT

X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
EMG/NCS of the Left Upper Extremity, as Outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is a Board-Certified X.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X. X was using a X.

X: Evaluation by X, NP and X, MD. Claimant presented with X. X described pain, X.

X has attended X. On examination X. X does not experience any pain or X. X does not have any X. X has a X. X is X. X has a X. X is X. X does have a X. Imaging MRI was reviewed from X. There is also a X. Assessment/Plan: X states X still experiences X which is evidenced by physical examination. Physical exam also suggest that X is X which matches X mechanism of injury. There is also a X on MRI that explains the X. We would like to attain an X. If this is inconclusive then we will move forward X. Ultimately, this may require an X to remove the X.

X: UR performed by X, MD. Rationale for Denial: This request is not supported. The progress noted dated X states that "physical examination also suggest that X is X". However, X examination was performed on this date indicating the presence of any X. Without any examination findings to correlate with this claimant symptoms, this request for X is not medically necessary.

X: UR performed by X, MD. Rationale for Denial: This request for X is stated to be for X. However, this claimant does not describe symptoms consistent with any on their X. Absent both the X, this request is not medically necessary. ADDENDUM: Dr. X called. The provider stated that on exam, there is a X. There is X. Patient has had X. MRI shows a X. The patient has some X which could be associated with that. The patient X. It has been reported that there are X. It is unclear the X. Treating provider feel's there's also X. It is unclear if the patient has undergone a X. There's insufficient documentation of X. Therefore, the above request is not supported.

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

The request for X is approved. This patient sustained an injury to the X. X has X. X has a X. A recent MRI identified X. X condition has not improved with a X. X also has a X, which is X. X may require X.

Based on the records reviewed, it is unclear whether this patient has sustained an X. It is possible that X symptoms are X. X would be appropriate to fully appreciate the nature of X. The X is medically necessary for this patient.

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

☐ 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

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)