

Independent Resolutions Inc.
An Independent Review Organization
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IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X when X was X. The X. On X, X presented to X, MD for X. X had been X. X had X. The pain X. X had X. X reported X. The body mass index was X. X examination showed X. X :X. There was a X. In adduction, X. X was up to X. Per the note, X x-ray dated X showed X. X x-ray dated X demonstrated X. An MRI of the X dated X demonstrated X. There was X. There was X. The examination was limited due to X. The treatment to date included X. Per a utilization review dated X by X, MD the request for X was noncertified. 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. There was

limited documentation of X: requested. There was X. In addition, there was limited documentation in the medicals that X. Clarification is needed with respect to the requested treatment and how it might affect the patient's clinical outcomes." Per a utilization review dated X by X, MD the request for X was noncertified. 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. Per guideline, X is suggested after the provision of X. In this case, the patient had X. X received X. X had X. Unofficial magnetic resonance imaging of the X dated X showed X. There was X. There was X. A request for an appeal X. The X was not established. The pain with X. The X was not fully established as there were X notes submitted for review to validate X. Moreover, there was X submitted for report. Thus, the current request is not supported. The concurrently requested X is not substantiated thereby precluding the request for appeal X."

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

The ODG recommends X. The ODG supports X. The ODG supports a X. The ODG would support X. Based on the clinical documentation provided, the injured worker has persistent X. The MRI is consistent with a X. The x-rays confirm the presence of X. They report persistent pain that is present particularly when X. They also report X. On examination, there is X. As there have been persistent symptoms despite X. Particularly when noting that not doing so could result in progression of the X. Addressing the X would also be supported when noting that there are X. Additionally, addressing the X would be prudent when considering that there are X. Lastly, the MRI indicates that there is suggestion of a X. Lastly, X would be considered standard of care at the time of X as not doing so could result in persistent X. The medical necessity of "other procedures as needed" cannot be deemed medically necessary. Based on the ODG recommendations and available information, a X is medically necessary; however, other procedure as needed is not medically necessary.

The ODG supports X. X including an X. Based on the clinical documentation provided, the injured worker is being considered for a X. As X is medically necessary, and X is medically necessary. Therefore, the X is medically necessary

and overturned and X are overturned. The “other procedure” as listed in the denial letters 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