

Pure Resolutions LLC
An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 779-3288
Fax: (888) 511-3176
Email: @pureresolutions.com

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. X between a X. X was X with an X. X was diagnosed with X. Per an undated X PhD, X was X. The X. In addition, X also developed X. X continued to X. X, as X was. X was an X. Some of X. These X. X had also X. X had asked X to X. X might consider X. The X. Per an undated letter, X, PhD documented that X. X had X. X had a x. X had X. X diagnosis for X. X continued to report the X. These symptoms caused X. X recent X. It was X. X had X. X would benefit X. X was X. Treatment to date included X. Per an adverse determination letter dated X, the request for X were non-certified. Rationale: "X did say that the patient is X. This request will need new review. This is a request for an X. The patient has had X. X has X. Coronavirus pandemic has X. X has asked X to X. X may experience X. X would X. Further, it appears that the main reason for the request is that the COVID pandemic is leading the X. This is not an X under Official Disability Guidelines. In absence of discussion with requestor, the proposed treatment must be denied." Per an adverse determination letter dated X, the requested additional X were non-authorized. Rationale: X. ODG recommends a X.

Continued treatment beyond X. The patient's X ODG and relevant treatment guidelines. Therefore, the additional X are not consistent with guidelines outlining medical appropriateness. X noted that the X. Dr. X opined that this X. The requested additional X is not medically necessary and is upheld."

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. Per an adverse determination letter dated X, the request for X were non-certified. Rationale: "X did say that the patient is X. This request will need new review. This is a request for an X. The patient has X. X has X. Coronavirus pandemic has X. X has asked X to X. X may experience X. X would help X with X. Further, it appears that the main reason for the request is that the COVID pandemic is X. This is not an acceptable reason for X under Official Disability Guidelines. In absence of discussion with requestor, the proposed treatment must be denied." Per an adverse determination letter dated X were non-authorized. Rationale: "This X sustained an injury on X. ODG recommends a X. Continued treatment beyond X. The patient's course X ODG and relevant treatment guidelines. Therefore, the additional X are not consistent with guidelines outlining medical appropriateness. X noted that the patient had X. Dr. X that this emotional response may X. The requested additional X is not medically necessary and is upheld." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Current evidence-based guidelines would support additional X. There are X. The submitted clinical records fail to document significant and sustained improvement as a result of treatment completed to date.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines. Therefore, 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