Pure Resolutions LLC

Notice of Independent Review Decision

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 is X who was injured on X, when X. The diagnosis was X. X was documented on X by X. X reported X. X was X. X stated X. X stated X. The X was X. The X was X, and X was X. X was X. There was X. It was assessed that X had made X. X also X. X continued to have X. X also continued to demonstrate X. X would continue to X. On X, X evaluated X, who presented for X. The onset of the pain had X, and the pain X. The X had X. The pain was described as a X. It was located X. It X. It was X. Symptoms were associated with X. Previous X included X. X stated X had X. X was not using X. The pain was X. This had X in X and X. X also requested X. On examination, X. There was X. The X. X was X. The X revealed X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was noncertified. Rationale: "The X chapter of the ODG states, 'ODG Physical Therapy Guidelines - Allow for X. The ODG supports continued X if there is X with X. The injured worker had X that X. However, the request for additional X would exceed the guideline recommendation of X, where the injured worker should have X. The injured worker should X. It is reasonable to consider that the injured worker was instructed and expected to X. There is no documentation establishing the injured worker X. As such, the current request is non-certified." In an appeal letter dated X, X appealed the denial of the request. X baseline, progress, and need for X were X. Progress included X. X still requiring X. Per a reconsideration review adverse determination letter dated X, X MD upheld the prior denial. Rationale: "A prior peer review recommended to non-certify the request for X in this case. A request is now submitted for appeal/reconsideration of the denial. However, no additional medical information is available at this time to support a clinical rationale to overturn the previous denial. The patient completed X. X was noted to have X. An additional X are requested. However, this patient has already X. X attended X. Evidence-based guidelines generally recommend X. As such, X would X. While it is acknowledged that the patient has X, there are no X. The patient has been instructed in X. X is X. It is unlikely that additional X treatment would be more efficacious than X. Focus should be placed on X. Therefore, my recommendation is to NON-CERTIFY the request for Appeal for X."

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

Given the current clinical data, the request for X is not recommended as medically necessary, and the previous denials are upheld. The submitted clinical records indicate that the patient has X. The request for additional X would continue to exceed guideline recommendations. When treatment duration and/or X exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of X documented. Given the X, the patient should X and X.

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

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

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL