

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:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is X who was injured on X. X, X, which was X. X and then X. The diagnosis was X. According to the Office Visit Report by X, dated X, X complained of X. X was diagnosed with X and was treated for X. X after X, X began to X. They had been treating this with X. The review of systems was X. On physical examination of X, X were X. No X were X. X was X. On examination of X, X could X. X had X. X was X. X was X and had X. X had X. X did not X. X had X. Per assessment X had a history of X; however, actual report was not submitted. X had X and would X. An MRI of X was obtained on X. The study demonstrated X. X dated X showed no X. Treatment to date included X. Per a Utilization Review dated X, the request for X was denied. 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. In this case, the patient complained of X. X was diagnosed with X and was treated for this X with X. It was noted that the patient had a history of X. In regard to X, X was X. A request for X was made; however, guidelines do not recommend X for patients with X. Moreover, objective clinical findings do not X to warrant X. Clarification is needed as to how the request might affect the patient's clinical outcome. On X, the appeal request for X was denied. 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 no recent office visit submitted in the medical records to X. Moreover, guidelines do not recommend X for patients with X. In addition, objective clinical findings do not X. Clarification is needed as to how the request might affect the patient's clinical outcome."

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. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Office visit note dated X indicates X is X. Exam on X notes X. Record review dated X indicates the extent of injury is X. The X office visit note is the first mention X. There is no documentation X for this newer complaint. There is no updated, X provided. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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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