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***Patient Clinical History (Summary)***

X who was injured at work on X. The mechanism of the injury was not available. The diagnoses were X.

On X, a Functional Capacity Evaluation (FCE) was performed by X, PT, DPT at X. X chief complaint was X. During examination, X demonstrated consistent effort in attempt of all activity. Completed tasks appeared consistent with X. X stated X work did not X. X was unable to perform the X. FCE with X concluded with X. The therapist recommended that X undergo a X. Per A X, dated X, X had attended X. X attendance and effort had been excellent. X had made significant progress with all X of the functional goals that were established for X. X demonstrated overall X. Overall, X performed each of the functional and injury specific activities during the program with decreased pain symptoms. X indicated that X was now performing some of the injury specific activities that had been issued to X for X, and X was more active in X. Based on excellent progress in a brief X, Ms. X recommended that X continue the program for an additional X days with the goal of safe and consistent performance at the X to allow an opportunity to return to meaningful employment. X, MD evaluated X on X for the chief complaint of X. There had been improvement in the symptoms since the prior visit. There was no pain present. X was X better since the prior visit. There had been no change in the character or location of the problem. There were no new symptoms or accompaniments. X stated X did not get pain, only got X after the X. X was X. X examination revealed X. X had continued improvement. X was scheduled to complete more sessions of X.

The treatment to date consisted of X.

Per an adverse determination letter dated X, X, MD non-authorized the medical necessity for X. Rationale: “Based upon the medical documentation presently available for review, Official Disability Guidelines would not support a medical necessity for this specific request as submitted. As documented in the summary, there has been a previous attempt at treatment in the form of X. The request for X. Consequently, presently, medical necessity for this specific request is not established per criteria support by the above-noted reference.”

Per an adverse determination letter dated X, X, MD non-authorized reconsideration for X as not medically necessary. Rationale: “Per the ODG, X. In this case, claimant has completed X. It is noted X has made significant progress. Exam of X states claimant had X. Near X. Based on the lack of X, there is no evidence further X is necessary at this juncture.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The ODG recommends up to X. The provided documentation indicates the injured worker has completed X. On examination from X. There are X. Based on the provided documentation and ODG recommendation, X are not medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic X 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 and Treatment Guidelines
- X, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)

### **Appeal Information**

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:  
Chief Clerk of Proceedings Texas Department of Insurance  
Division of Workers' Compensation P. O. Box 17787  
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.