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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 sustained an injury on X The diagnoses included X. X was seen by X, MD on X. X rated the X. The pain X. X had developed X. On examination, X had X. MRI of the X. The X was due to a X. An MRI of the X demonstrated a X. At X, there was X. X on the X. There was X. Treatment to date included X. Per a utilization review dated X by X, MD, the request for X and X was noncertified. Rationale, "The injured worker sustained an injury on X. The injured worker was diagnosed with X. According to the documents provided, the patient has X. Objective findings included X. Prior treatment includes X. MRI indicates X. ODG does recommend X with documented X. ODG further states that a X must be performed prior to X. There is no x-ray with X that documents X. There is no X evaluation provided. The

guidelines criteria have not been met. The medical necessity for this request has not been established. The request is not medically necessary.” A X request was submitted by Dr. X on X. X had suffered from X. Those symptoms had been made worse by X. X was at X. Per a utilization review dated X by X, MD, the request for X was noncertified. Rationale, “In this case, the X presented with complaints of X. An examination of the findings revealed X. There is X. At X, there is X. Impingement on the X. There is an indication of prior X, and X. Given the evidence with imaging of X would be appropriate. However, the guidelines indicate that a X was completed. The requested X is not medically necessary.”

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

The claimant has been followed for continuing X. The claimant had not improved with X to include X. The claimant’s physical exam findings noted significant X. In reviewing the X. In this case, the indication for the X. It is very likely that the X. There is already X. Therefore, it is reasonable to proceed with a complete X. Therefore, there would be no requirement for a X.

As such, it is this reviewer’s opinion that medical necessity for the request is established and the previous denials are overturned.

**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