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IRO REVIEWER REPORT

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:

This physician is a Board X of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X (X)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained injury on X when an X. X. X also reported an X.

X: Office Visit by X, MD. The claimant presented with pain rated a X. On exam there was a X. X intact X. X was intact. X was intact. X appreciated through the X. X assessment deferred secondary to X. X appreciated with any motion of the X. **X-X: Comminuted X. No significant X. Mildly comminuted X. The X and X are intact. X- Impression:** Acute extensively comminuted X. Acute less comminuted X. X offset in by X. Acute minimally comminuted and X. A X just deep to the X is more

suggestive of a X. Acute X detailed on the X series. Remaining visualized X appears X is otherwise well-maintained. X **Impression:** Acute comminuted X. Acute comminuted X. Overriding of X most pronounced X. The X is well-maintained. Remaining visualized X. Assessment: Closed X. Plan: The open X was covered with the X. This was X. A closed X. Patient was placed into the X. We will plan for X. X will involve X. X will be required X.

X: X. Impression: 1. Surgical changes related to X. As a result, there is significantly improved X. 2. Acute, X. 3. Partially organized X.

X: Office Visit by X, MD. The claimant presented for follow up. No complaints. Pain is X. X is X. Moderate X appreciated. X sign today. X. X wires remain X. No active X. X are resolving. X: The comminuted X. X has been X. X has occurred. X also noted. X congruent. X: Evidence of the comminuted X. X also appreciated with X. Comminuted and X. Plan: We will plan on proceeding with the X. This will allow for additional resolution of X. The X will be removed. We will also plan on X.

X: Office Visit by X, MD. The patient has returned to the office today with complaints of X pain. X has not been able to X for any essential amount of time more distally since being permitted to during last visit. X had essentially utilized a X; however, X complains of X as well as X pain. X reports no pain in the X. X has been performing some X. On exam: Evaluation of the patient's X reveals well-healed X. With direct X, there is no X. X appreciated along the course of the X. There is X. No X. X assessment reveals X. X to approximately X. X to approximately X. X intact to X. X. X: Revealed X. X constructs appreciated over X. No evidence of X. X: Evidence of X. The X are once again appreciated. No X is noted at the X. Findings are consistent with X. There does appear to be some healing of the X. X: Evidence of the X construct. Persistent X are appreciated along with X. This is noted throughout the X. There is X appreciated in the X. X may be further assessed with X. Plan: I have discussed the patient's symptoms and at this time, I feel that the patient may be experiencing some symptoms secondary to X. X has symptoms involving the X. X will receive a X today. I would also like the patient to begin transitioning out of the X. Patient is aware that X has a significant X. I have encouraged increasing the X. Patient may also benefit from X. With the patient's evidence of the X. We will see the patient back in X weeks.

X: Initial Evaluation/Examination by X, PT, DPT, OCS. Patient with continued X. X will benefit from X.

X: UR performed by X, MD. Rationale for Denial: Per evidence-based guidelines, X is recommended with a specific criterion in accordance with its medical necessity. In this case, X complained of X. X had essentially utilized a X; however, X complained of X. A request for a X was made. However, evidence that the X. Moreover, X- revealed X. There were X noted.

X: Appeal by X, MD. Based upon the duration of time from the patient's X and the lack of X. They will benefit from X. Ultimately if the patient's symptoms persist and there is no evidence of progression towards X, patient may ultimately require X. A X is medically necessary.

X: UR performed by X, MD. Rationale for Denial: Per evidence-based guidelines, an X is recommended as indicated when X. X may be appropriate for X. In this case, the patient complained of X. On exam, there was X appreciated along the course of the X. The radiographs obtained in X revealed evidence of X involving the X. The provider made an APPEAL request for X. However, the actual X were not attached to objectively validate the presented diagnostic findings. Clarification is needed regarding the rationale of the request and how it might change the treatment recommendations as well as the patient's clinical outcome.

X: Operative Note by X, MD. Post-op Diagnosis: X. X. Procedure: X.

X: Office Visit by X, MD. The patient has returned to the office today nearly X weeks out from X. Today the patient reports that X pain is under better control. X has been utilizing the X. On exam: X laterally. No concerning X. X is well approximated. No X as expected. X is limited with X. X appreciated over the X as well as the X: Evidence of X. X is appreciated. The X has been removed. X are appreciated in the X. Plan: I have discussed the patient's ongoing symptoms. Recommendations have been made for the patient to progress to X. Ultimately X should help with the X. X will also continue to work with the X physician for X.

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

The request for a X is not medically necessary at this time.

This patient sustained X. X also sustained X. The treating provider was concerned about X. X recommended X. The patient most recently X.

The diagnosis of X is based on an x-ray performed on X. It is unclear whether the patient's X have X. An up-to-date CT scan of the X would be required to determine whether these X. If X is present, and the patient is X would be medically necessary. In the setting of X is not an option. The only available treatment for X in this patient is a X.

At this time, further diagnostic testing demonstrating X is required to support the medical necessity of the X.

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
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)