

***Applied Independent Review
An Independent Review Organization***

***Phone
Number:
(855) 233-
4304***

***P. O. Box 121144
Arlington, TX 76012***

***Fax
Number:
(817) 349-
2700***

Patient Clinical History (Summary)

X who sustained a work-related injury on X when X. X ongoing diagnosis was X.

X PT evaluation of X at X. X reported increased X. X stated X had been trying to X. X

X the previous day during X

X. At that time, X had experienced so much pain, X had to X. The “X” was X during the previous night. It was assessed that X had participated in the treatment with minimum-to-no exacerbation of pain. X demonstrated control with X. X did well with X was noted. X had X well, noted X.

X for a follow-up of X, which began X. X was doing okay at the time. X did see a X who did not recommend any intervention at the time. X reported symptoms of X. X continued to have X. In addition, X had developed a X. On examination, X was noted. The X was X. There was a X at the X. X had a X. was also noted. The X was about X. There was X. X over the X was noted.

The treatment to date included medications X.

Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: “Per guidelines, the recommended X. In this case, the patient X as of to date. The submitted X showed a little improvement in X. A request for X was made. However, the requested X exceeded the guideline recommendations. Clarification is needed the request and how it might change the treatment recommendations as well as the patient's clinical outcomes. Furthermore, I spoke with X, MA, and delegated designee. The provider stated that the patient was X. Patient did state X is helping with pain. The patient does not fully meet the criteria per ODG guidelines for the requested care. Patient has been treated with X for X injury postoperatively. Patient would best be served with continuation of a X. Therefore, all the above requests are not supported. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request is non-certified.”

Per an adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “There were a previous denial for this request on X by X, MD due to the provider stated that the patient was X. Patient did state physical therapy was helping with pain. The patient did not fully meet the criteria per ODG guidelines for the requested care. Patient had been treated with abundant X for X injury post-operatively. Patient would best be served with continuation of a strong home rehabilitation program. The current request is appeal for X of X for the X. Per guidelines, the recommended X visits for X injury of the X is for X of X for the X. In this case, the patient had X visits to date. There was a prior determination where the reviewer noted that based the patient did not fully meet the criteria per ODG guidelines for the requested care. Patient had been treated with abundant X for X injury post-operatively. In the submitted medicals, there were no additional medicals noting significant objective changes in the medical records submitted to overturn the previous denial of the request. Prior non-certification is upheld. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request is non-certified.”

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. Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: “Per guidelines, the recommended X. In this case, the patient X as of to date. The submitted X reports showed a little improvement in X. A request for X was made. However, the requested X exceeded the guideline recommendations. Clarification is needed the request and how it might change the treatment recommendations as well as the patient's clinical outcomes. Furthermore, I spoke with X, MA, and delegated designee. The provider stated that the patient was X. Patient did state X is helping with pain. The patient does not fully meet the criteria per ODG guidelines for the requested care. Patient has been treated with X for X injury postoperatively. Patient would best be served with continuation of a X. Therefore, all the above requests are not supported. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request is non-certified.” Per an adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “There were a previous denial for this request on X by X, MD due to the provider stated that

the patient was X. Patient did X was helping with pain. The patient did not fully meet the criteria per ODG guidelines for the requested care. Patient had been treated with X injury post-operatively. Patient would best be served with continuation of a X. The current request is appeal for X. Per guidelines, the recommended X. In this case, the patient had X to date. There was a prior determination where the reviewer noted that based the patient did not fully meet the criteria per ODG guidelines for the requested care. Patient had been treated with X for X injury post-operatively. In the submitted medicals, there were no additional medicals noting significant objective changes in the medical records submitted to overturn the previous denial of the request. Prior non-certification is upheld. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request is non-certified.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical records indicate that this patient has X. The request for X would continue to exceed guideline recommendations. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. The patient has completed X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision is upheld.

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 um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual

- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)