True Resolutions Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #624
Mansfield, TX 76063
Phone: (512) 501-3856
Fax: (888) 415-9586

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X reported X was X. X was found by a X. X was diagnosed with X. X, MD evaluated X on X for X pain. X reported X. X was not able to do X as it was not approved. The symptoms occurred X. The problem was X. At the time, the symptoms were X. X reported X. X continued to X. X had X. The X injury associated with X. X was noticing more pain on the X. X reported worsening X symptoms. X had many days where X. X reported X forgot to X. X had more X associated with the changes in X life of having from the work-related injury. X was worse and X was X more. X had been available recently to help X and give X cues during the day for X. X examination showed X. X had X. X. X had an X. X presented to Dr. X on X for a follow-up. The symptoms, examination, and treatment plan remained unchanged from the prior visit. On X, an initial evaluation was completed by X, RN for X. X reported X was X. X was found by a coworker and shortly thereafter taken by X. After X initial treatment and release from X, X began to have X. X was subsequently taken in for a medical evaluation related to the X. Following the initial X and subsequent diagnoses, X had been participating in X. X was X related to X inability to X. X lived with X. On examination, X had a X. X reported generalized X. X had some limited X related to pain. The X pain level was X. X continued to have X. X reportedly X. X was attending X, but X continued to struggle with X. X was from X through X. A X evaluation was completed by an unknown X on X. The diagnoses included X. X had X tasks. X had a X.X. There was X. X presented with X. X underwent a X evaluation on X at X to determine if X had a X. X had adequate structures to support good X. X showed minimum difficulty with X. X experienced pain X. The minimum X were noted in the areas of X. X was X; however, X was able to X. X reported X most significant concern involved X. Overall, X presented with X. X did not show a need for X; X could adequately communicate within X environment with supports. There were no concerns with X. Dismissal from X was recommended. X presented to Dr. X on X for a follow-up. The symptoms, examination, and treatment plan remained unchanged from the

prior visit. The treatment to date included X. Per a utilization review decision letter dated X, the requests for X were denied. Rationale: “Documentation lacks objective measures to support X. Prior services have been rendered in X. There are not objective measures that explain X. Prior services have been X. Medical necessity is no established for X. Screening Criteria: ODG, X Chapter: Recommended only for otherwise recommended medical treatment for patients who are X. Medical treatment does not include X.” Per an adverse determination letter dated X, the requests for X were non-certified. Rationale: “There remains no clear reason for treatment to be provided in the claimant’s X. While I could agree to X, this is not what is being requested and there remains no clear reason for treatment to be provided in the claimant’s X. Recommend noncertification.” On X, underwent X, performed by Dr. X. X returned to see Dr. X on X for a follow-up of X pain. X reported X had not felt much relief since the X. X was doing about the same. The problem was X. The symptoms were X at the time. X was not able to X. X was having X. X had pain in the X. On examination, X had an X. X examination showed X. X had decreased X. X were X.

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 requests for X were denied. Rationale: “Documentation lacks objective measures to support patient’s X. Prior services have been rendered in X. There are not objective measures that explain X. Screening Criteria: ODG,

X Chapter: Recommended only for otherwise recommended X for patients who are X. X does not include X.” Per an adverse determination letter dated X, the requests for X were non-certified. Rationale: “There remains no clear reason for treatment to be provided in the claimant’s X. While I could agree to X, this is not what is being requested and there remains no clear reason for treatment to be provided in the claimant’s X. Recommend noncertification.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient has been receiving X. It is unclear why the patient’s care would now be transitioned to the X. The patient is requesting X. However, these tasks appear more related to X. The patient’s X is noted to be

aiding X with these tasks at this time.
Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the request is upheld.

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