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PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X. X sustained X. X was diagnosed with X. X underwent X on X. X continued to have increased symptoms in the X. X into the X with X. X continued to have X. X continued to have X. X was able to X. X continued to lead X. X work duties included X. The X pain was rated at X. X score was X. The treatment to date included X. Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: "The case was reviewed. The ODG recommends up to X. The patient has significantly exceeded these recommendations already. There is no medical documentation to support X. Recommend denial." In a Fax Cover Sheet dated X, it was documented that an appeal had been made. The X called to do peer to peer. Dr. X was called, and it should be Dr. X, who was requesting more visits. Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "For the described medical situation, presently, Official Disability Guidelines would not support medical necessity for this specific request as submitted. The above-noted reference would support an expectation for an ability to perform a X. Consequently, presently, medical necessity for this specific request is not established. This request would exceed what would be supported per criteria set forth by the above-noted reference for the described medical situation." X, PT, DPT wrote a letter on X in regard to recent denial for more X. X had completed X including evaluation since X. X was making X. X work duties included prolonged X. X was nowhere near being able to perform these work duties due to continued X. The pain was isolated at the X. When X was X, X could barely complete X. On X good days, X could X. X was therefore not ready for a X, because X would be unable to X. X was waiting on authorization for an X. X thought that "I think if X was able to receive this X, further progress could be made with the possibility of being able to progress to more work-specific activities as well. Please re-consider authorization for more X as I feel X would benefit from this greatly." Per a

utilization review decision letter dated X, the prior denial was upheld by X, MD. Rationale: "ODG recommends up to X, and that given number of sessions be X. The claimant has attended what should have been a reasonable number of X for the establishment of X. Though there are X, there are X. There is also X, or some other X. This request would exceed guidelines recommendations for this injury. Peer-to-peer conversation was attempted on two separate dates but was unsuccessful. There are X identified in the reconsideration application. Currently, as presented recommend non-certification."

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 an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "For the described medical situation, presently, Official Disability Guidelines would not support medical necessity for this specific request as submitted. The above-noted reference would support an expectation for an ability to perform a X. Consequently, presently, medical necessity for this specific request is not established. This request would exceed what would be supported per criteria set forth by the above-noted reference for the described medical situation." X, PT, DPT wrote a letter on X in regard to recent denial for more X. X had completed X including evaluation since X. X was making X. X work duties included prolonged X. X was nowhere near being able to perform these work duties due to X. The pain was isolated at the X. When X was, X could barely complete an hour of X. On X good days, X could X, but no work specific duties at the time. X was therefore not ready for a X, because X would be unable to X. X was waiting on authorization for an X. X thought that "I think if X was able to receive this X, further progress could be made with the possibility of being able to progress to more work-specific activities as well. Please re-consider authorization for more X as I feel X would benefit from this greatly." Per a utilization review decision letter dated X, the prior denial was upheld by X, MD. Rationale: "ODG recommends up to X. The claimant has attended what should have been a reasonable number of X for the establishment of X. Though there are X, there are X noted as to why the patient cannot continue improvements in

a X. There is also no contraindication to progressing to a X. This request would exceed guidelines recommendations for this injury. Peer-to-peer conversation was attempted on two separate dates but was unsuccessful. There are X identified in the reconsideration application. Currently, as presented recommend non-certification.” There is X to support a change in determination, and the previous non-certification is upheld. The patient has completed X to date. Current evidence-based guidelines support up to X for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. When X exceeds the guidelines, exceptional factors should be noted. There are X documented. The patient has completed sufficient X. Given the documentation available, the requested service(s) is considered not medically necessary 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