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An Independent Review Organization
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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 was injured at X, and was status X. X and was trying to X. The diagnoses were X. X was evaluated by X MD X. X injury was X. On examination of the X, but with X. X was still X. X was X. X was X. Dr. X would have a X. X prognosis was X but X because of the X. Dr. X recommended X as X needed X because of the X. Per a X note dated X was X. X noted X since the X. X and X continued to X. X had made X. X all X. It was noted that X would X. The plan was to continue with X. Dr. X evaluated X. X was X. Examination noted X. X was X. X-rays of the X dated X, demonstrated X. An MRI of the X, showed X. There was a X. There was at X. The X. It X. X was noted. There was a X. There was a X but X. A X the X. There was at X. X, there was a X and X. The X was X, likely X and X. Along the X, there was X and X. X the X. Treatment to date included X. Per a utilization review adverse determination letter dated X, MD documented that the request for X was noncertified as the services were not medically necessary or appropriate. Rationale: X, ODG supports X. Treatment history reflects the claimant has been X. There is general comment regarding benefit with treatment. However, ODG notes

when X exceeds the guideline, exceptional factors should be noted. There is X noted as to why the claimant could not at this X continue with X. Based on this information, the request for X is noncertified.” Per an appeal review adverse determination letter dated X, MD upheld the previous denial, as the request was not medically necessary or appropriate. Rationale: “The ODG recommends up to X. The provided documentation indicates the injured worker is X. They have X. There has been X, but there are X. It is documented that the injured worker is X, and there is X. Based on the available information, X are not medically necessary.”

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 and treatment for X is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review adverse determination letter dated X, MD documented that the request for X was noncertified as the services were not medically necessary or appropriate. Rationale: X, ODG supports up to X. Treatment history reflects the claimant has been X. There is general comment regarding benefit with treatment. However, ODG notes when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There is no indication of X noted as to why the claimant X. Based on this information, the request for X is noncertified.” Per an appeal review adverse determination letter dated X, MD upheld the previous denial, as the request was not medically necessary or appropriate. Rationale: “The ODG recommends X. The provided documentation indicates the injured worker is X. They have X. There has been X, but there are X. It is documented that the injured worker is X. Based on the available information, X are not medically necessary.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has X. The request for X would exceed the Official Disability Guidelines. 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 X and should be capable of X as the guidelines recommend. Therefore, the request is upheld and not medically necessary.

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