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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 on X when X. The diagnosis was X and X. On X was seen by X, for possible treatment of X. X stated X and X. X had X. X reported it felt like X was X. X was X. X was on X. Examination of the X. X showed X. X was X. X was X. X started X. On X was evaluated by X, MD for a follow-up of X and to X. On examination, X. X was refilled. On X was seen in a follow-up of X. X was X. Dr. X ordered a X. On X, MD performed a X. On X had a telephone visit with X due to Covid restrictions. X reported X. X continued to have X. X recommended a X. The X. A referral for X. On X, MD evaluated X who presented with X. The X. X was considered as the next best X. Examination revealed X. The assessment was X. A X was performed. On X visited X, NP for X. X reported X. X also admitted to X. X would like to X. X were X. X was X. X was to X. X for a X. The diagnoses were X. X completed the X. X produced a X. The X of X. This was X. X produced X. The X. The X was X. This would X. The X that X viewed X. This was X. The X was X. X other X were within the X. X to having a X. X reported X. These findings were X. X did not present X. Dr. X documented that X was X. X had X. X also seemed X. A X of the X.

An X identified X. Treatment to date included X. Per a utilization review adverse determination letter and a peer review by X, dated X, the request for X was noncertified. Rationale: "Per ODG regarding X "Not Recommended ... While FDA-approved for X." In this case, the claimant X. X was previously certified. There are no documented X to the guidelines. A successful peer-to-peer call with X NP was made. It was discussed that although a X was previously certified, that the patient X. ODG guidelines regarding X. I reviewed the prior report (which I had written) and confirmed that there had been a prior request for a X, and that it had been certified. X that X and X. X explained that they are X, and ODG guidelines also address them separately. The request is not shown to be medically necessary." Dr. X wrote an appeal letter on X. "X agree with you that X and X may not be X. The need to X in such a way on a specific and X. The original office visit note X. When this X. This X is consistent with X and includes X. Patient has undergone X. Patient has had X. X of the X. Because the X. X has been X. The X has approved X. X is not a X. As per Dr. X. X is a X. Per a reconsideration review adverse determination letter dated X and a peer review by X, MD, the appeal request for X was denied as not medically necessary. Rationale: "The appeal for X is not medically necessary. Per the official disability guidelines, X are not recommended. The X is still under development. X has not been determined with X. The claimant has X. Per the peer-to-peer discussion with the provider, the provider states that the X and X. I discussed ODG guidelines regarding X. X told X will send the request again clarifying the X. As such the appeal X is not medically necessary. Therefore, the appeal request for X is 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 is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review adverse determination letter and a peer review by X, dated X, the request for X was noncertified. Rationale: "Per ODG regarding X, "Not Recommended ... While X-approved for X." In this case, the claimant X. (A X was previously certified.) There are no documented extenuating circumstances to support an exception to the guidelines. A successful peer-to-peer call with X was made. It was discussed that although a X was previously certified, that the patient X. ODG guidelines regarding X were discussed. I reviewed the prior report (which X had written) and confirmed

that there had been a prior request for X, and that it had been certified. X argued that X were the same. X explained that they are not X, and ODG guidelines also address them separately. The request is not shown to be medically necessary.” Per a reconsideration review adverse determination letter dated X and a peer review by X, MD, the appeal request for X was denied as not medically necessary. Rationale: “The appeal for X is not medically necessary. Per the official disability guidelines, X are not recommended. The X for X is still under development. Overall long-term efficacy has not been determined with X, with note that X. The claimant has diagnosis of X. Per the peer-to-peer discussion with the provider, the provider states that the X. I discussed ODG guidelines regarding X. X told X will send the request again clarifying the X for both are the same. As such the appeal X is not medically necessary. Therefore, the appeal request for X is not medically necessary.” There is insufficient information to support a X, and the previous non-certifications are upheld. The Official Disability Guidelines note that X is not recommended. The X is still under development. The 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:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES