

Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a X with a history of X claim from X. The mechanism of injury was listed as the patient X. The current diagnosis was listed as X. X included X.

On X the patient was seen for X. X had undergone X and X of X. X was continuing to have X and X but was making X. X had X due to X.

On X a request for X was denied as there were no medical notes including a physical examination, the patient's status, or demonstrated progress in X.

Per the X dated X the patient was seen for X. X was having X with X during X and had X with X. X doctor had not yet X for X. X had X performing X. X was X with X. There was X about the X. Although X had shown X it was stated that X required X.

On X a determination letter stated that as of X the patient had completed X and continued to have some X due to X. X tolerance of treatment was X, and X was X in X. It was stated that X was denied as it was not clearly documented that the patient was unable to perform X to address the remaining deficits.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient had undergone X and X of X. As of X had completed X but continued to have X and had not been X to X. The ODG by MCG guidelines state that X over X may be utilized following X. X versus X are preferred such as X, X, and X. X would include X. The X would include X which is not recommended for the X. Given that the documentation does not include medical evidence that the patient was unable to transition to X at this time to address X remaining X, the X for the X would not be medically necessary. Therefore, the X for the X with X, X, X, X, and X are not medically necessary. The prior determination is upheld.

SOURCE OF REVIEW CRITERIA:

- ACOEM – American College of Occupational & Environmental Medicine UM Knowledgebase
- AHRQ – Agency for Healthcare Research & Quality Guidelines
- DWC – Division of Workers’ Compensation Policies or 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 & Treatment Guidelines, X and X Chapter/X (X) for X and X Conditions
- Presley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & Practice

Parameters

- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature
- Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

ATTESTATIONS:

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

X