

Applied Independent Review

An Independent Review Organization

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Notice of Independent Review Decision

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

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

X

Information Provided to the IRO for Review: X

Patient Clinical History (Summary)

X is a X who was injured on X. X had a X where X and X performed X. X heard a X and X was X. X was diagnosed with X, X, and X. X, MD evaluated X on X for a follow-up of X and X, which occurred while at X. X reported X was X with some X and X. On examination, X had an X. There was X with pain X. There was X and X. X was X and X. There was X. There was a X and X. X had a X. A X was completed by X, PT on X. X reported that the X due to a X. X heard a X and X was X. X reported X was X, but X was X wanted to do X. X reported X was X and X had some X that X thought was due to how X. X reported that X and X could X or X. X had been X since the injury. At the time, X complained of X, X, and X. X reported X / X / X, X and X / X, X / X, X / X, X / X, X / X, X, and X / X. The pain level was X at X. The pain level was X at the X. X were X, X to X, X, X, and getting X. X was X. X showed that the X remained X. There was X. X was X. X included X. X revealed X, X and X. X had a X and X. There was X. X had X at the X. X and X were noted. X was X. A X dated X showed X; and X. Treatment to date included X, X, X, and X.

Per a utilization review adverse determination letter dated X, the request for X, X was noncertified by X, MD. Rationale: “The medical necessity of the requested X has been evaluated by, but not limited to, a review of the associated medical file’s documentation of X, X, and X, to support the medical necessity of X. ODG support X for the X / condition and allow for X. In addition, when treatment duration and / or X the guideline, exceptional factors should be noted (i.e. statement identifying why the X. Within the medical information available for review, there is documentation of X. However, the requested amount would X guidelines recommendation for the X. Therefore, certification of the requested X is NOT recommended.”

Per a reconsideration review adverse determination letter dated X, the request for X, X was noncertified by X, MD. Rationale: “The medical necessity of the requested X has been evaluated by, but X to, a review of the associated medical file’s documentation of X, and functional goals to support the medical necessity of an initial course of X. Within the associated medical file, there is documentation a previous adverse determination rendered due to a concern that the requested X would exceed X guidelines recommendation for the cited X. In addition, there is documentation of what appears to be a new request for X. Furthermore, given documentation of the new X, the prior adverse determination’s concern that the requested X would exceed guidelines recommendation for the X. However, the new request for X. Therefore, certification of the requested X is MODIFIED (certification is recommended for X.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The ODG supports up to X. In this case, the worker has been X. On examination, there is X. Given the presence of X, proceeding with the supported X would be appropriate and standard of care to maximize X and X and X. In consideration of the ODG and available information, X is medically necessary and overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low
- X Internal 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria
- Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)