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***Notice of Independent Review Decision***

**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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X when X put a X and injured X. The diagnosis was X, X and X. Based on the X office visit by X, DO, X presented for follow up. X recently had an X. The examiner was of the X had not X. The examiner also states that X doctor requested X and this was allowed by ODG guidelines. X also had X. Per X; X was X. On X, X was noted to be X and X. The X of X of the X that were X, X. Per treatment plan, the provider would again order X and X. According to the Office Visit by X, DO dated X, X reported that X tried X, and it seemed to help. X reported that X had X on this visit. Upon X, patient was X and X. There was X of the X and X. X and X were X. The X of X area showed X that were X, X. Although this may be somewhat X on this visit. X into the X. Per treatment plan, X would continue

efforts to get X and X. On X, X appeared X and X. The X of both X showed X that were X, X; although this may be somewhat X. X into the X. Per a X by X, DC dated X, X had not reached X. X doctor requested X and this was allowed by the ODG guidelines. X also had minimal X. Meanwhile, X had a X that X and X had X and was X. X should be at X, X. X without X dated X revealed X with X. X dated X revealed X and X. X, there was a X with X. Treatment to date included X, which included X, and X and X. On X, the request for X, X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Guidelines allow a X. In this case, it is suggested the patient had prior X and they are now X. A X that since the patient has not had X that guidelines allow this request. It is suggested that guideline maximums are allowed. Guidelines under ODG, By X, Treatment Guide insert specifically note: While the recommendations for number of visits are guidelines and are not meant to be X for every case, they are also not meant to be a minimum requirement on each case (i.e., they are not an ???entitlement???). Any provider doing this is not using the guidelines correctly, and provider profiling would flag these providers as outliers. This applies to all types of treatment, and not just X. The same guides go on to state: "The recommended number of X for a diagnosis applies to X or X. While the services they provide may be different, the X is assumed to be the same, and recommendations specific to those treatments may be covered in the treatment guideline procedure summaries along with a summary of the current medical evidence." Based on this information, clarification is required regarding need for X by X and X. Telephone contact was established with the office of Dr. X. The designee referred to the X. X indicated the patient actually completed X and reached X. X had recently been discharged from X. There is no medical explanation to explain how the patient was unable to remember X extensive treatment when talking to Dr. X or the X. Never the less, the telephone contact suggests no medical indication for more X. At this point, X is the standard of care. X are not used in the decision." On X, an appeal request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Prior peer review and denial based on X for X which has been addressed with the addition of X which were X request. Also, on prior request, insufficient documentation for total X and a X to address led to non-certification.

For this certification attempt, X spoke with the treating provider and X does not have access to X and X will obtain X for further assessment of the patient's X. The X is not available for review at this time and the current existing clinical documentation does not provide objective or self-reported functional status information to justify further X. Therefore, based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified.”

**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. Peer review dated X indicates that within a reasonable medical probability, based upon review of the mechanism of injury and the objective clinical documentation in the provided medical records, the injury causal to the mechanism of injury on X, was a X. The X would have resolved to date. The patient is now X. Based on the objective clinical documentation as provided, within a reasonable medical probability, no X would be supported as consistent with or as a X. The provided clinical documentation does not support the need for further X such as X, X, X, X, X, X, X, X or X required due to or as a sequela of the accident of X. Additionally, there are X documented on X that would require a X at this time. The patient’s exam notes X that are X. X and X are X. X is X. The patient has completed sufficient X and should be capable of continuing to X and X, X.

Based on the medical records provided, medical necessity is not established.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- 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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL