

P-IRO Inc.

Notice of Independent Review Decision

Case Number: X

Date of Notice: X

P-IRO Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #203

Mansfield, TX 76063

Phone: (817) 779-3287

Fax: (888) 350-0169

Email: @p-iro.com

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IRO REVIEWER REPORT

Date: X

IRO CASE #: X

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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who sustained an injury on X. X and X on X. The diagnoses included X and X, X, and X of the X. X was seen by X, MD on X for X. X was able to X and X for X and X for X. The X was described as X and X and it could be X to X. The X with X and X. X stated that X was X. Per the note, X was X since the X (X) which documented that X and X was X. X were X in the X. The X was X on the X. X in the X was noted. On X, X complained of X. X stated that X into the X. X was X. X revealed X and X; X was X on the X. A X was noted in the X. On X, X presented with X. X reported that X was X for X, X for X, and X for X. The X was X and X. X mentioned that X was X to X. Progress notes by X, X from X through X noted that there was X, X, and X was noted over the X, X, X, X, X, and X. X reported X and X in the X had been X. Per the X summary note dated X by X, X, X attended the X from X to X and completed X. X was compliant with the X and consistent in X. X prognosis was X if X would continue to implement what X had X. X presented with a X; X stated X on average to a X. Upon conclusion of the X, X reported X about X, on average. When X began the X, X reported X only X. X reported doing X at X. X on completion of the X. X on completion of the X. X (X) X on X (X). X on X, X and also X (X). At the X, X reported X and at X, X reported X. It was opined that X would probably benefit from X and implementing a X to maintain X. X was to continue with X treating physician and specialist under X. An X of the X on X revealed X, X and X, X, X at X and X; X and X at X with X and X the X; X / X at X without X or X; and remaining X were X from X or X. X of the X dated X showed X at the X with X and X / X, that would be X with the X of X in X; X appeared X and X was otherwise X, X were maintained; and X, no X. Treatment to date included X (X), X, X, X, X, X, and X. Per adverse determination by X, MD on X, the request for X to the X was non-certified. Rationale: "The Official Disability Guidelines only supports X for patients who have X, X, and X. "This X has had X of X. There is no documented X with X

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with X. Progress notes dated X, X do not indicate that X, in X, nor are complete X notes provided. Additionally, the progress note dated X which is a X from X recommends additional X but does not indicate if previous participation in X had included X or what its X has been. Spoke with PA X regarding this case. PA confirmed that the patient is X during X and that this is X condition. PA stated that the patient used to have X and a X when X, and X, this has X in X. PA stated that the X of the patient has X. The X is furthermore on X. Even though there is X of X, no new documentation was received; therefore, the request is not supported.” Per adverse appeal determination by X, MD on X, the request for X to X was non-certified. Rationale: “The Official Disability Guidelines only support X for patients who have X, X, and X. This X has had X and there was a prior denial as there was a lack at X noted from the X. The physician appealed, Additional documentation does not verify X and X from X. As such, this request for X is not medically necessary. Recommend noncertification.

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 to X is not recommended as medically necessary, and the previous denials are upheld. 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. There are no objective measures of X provided to establish X and X.

Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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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