True Resolutions Inc.

Notice of Independent Review Decision

Case Number: X Date of Notice: X

True Resolutions Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #624
Mansfield, TX 76063
Phone: (512) 501-3856
Fax: (888) 415-9586
Email: @trueresolutionsiro.com

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 is a X, with a history of X from X. The mechanism of the injury was not available in the medical records. X was diagnosed with X. X was seen by X, MD on X for a follow-up. X continued to need a X for X. The X was X, and X was using X with the X. X had a X at the X at X of the X. It started becoming X with the activity. X was able to X for a X before the X limited X. At the time, X was in process of making a X for the X. There was a X with X at the X with no X. The X of the total X was X. There was a X at X approximately X in X. There was X over the X with no X and

good X. On examination of the X, there was a X of X, multiple areas of X, X at X / X with X of X, and good X. Dr. X opined that "Needs new X and X for X. X general purpose X. X for X needed for return to work. X changed by X and X needed to X. X evaluation and treat for evaluation for X and X to X with X and X in X and in the X". Treatment to date included X. Per a Utilization Review dated X, the request for X and X due to X was denied by X, DO. Rationale: "The official disability guidelines recommend 'X for patients motivated to X and to help the patient reach or maintain a defined X.' The information provided for review included a detailed written order for a X. The case management notes indicated that the claimant underwent a X. Although the use of a X supported for claimants who suffer X, the information provided for review failed to include a recent office visit note documenting the claimant's current status; information regarding whether the claimant already has a X as well as the rationale for the current request Due to the lack of pertinent information, the request for X is non-certified." Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Regarding the requests for X: The Official Disability Guidelines state that a X for X and X conditions is recommended with specific criteria including the claimant would reach to maintain X defined X within a reasonable period of time, the claimant was motivated to X, the X was furnished incident to the physician services or on the physician's order. In the clinical record submitted for review, there was documentation of a detailed written order for the X and X for the X dated X. However, there was a lack of documentation of a recent clinic note, with the rationale provided for the requested X. In addition, there was a lack of documentation of if the claimant had a X, or not. There was a lack of documentation that the claimant would reach or maintain a defined X within a reasonable period of time, or that X was motivated to X that would warrant the request Therefore, the requests for X on non-certified."

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

The claimant had been X with a X status X. The claimant reported X and function of the current X as of the X due to X and X. The claimant described the X being

very X due to X. The claimant had not X as of this evaluation. The claimant did have requirements for X and X. It is noted that the claimant also had a previous X performed in X. The evaluation noted that both X were too X. The claimant reported X for both X. The X evaluation did not detail any issues with the X either X or X were no X outside of X to support X either X entirely. At most, the evaluation would support X the X and X for both X. No other clinical evidence was provided to support the entirety of the requests.
Therefore, it is this reviewer's opinion that medical necessity is not established for the requests for X.

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

True Resolutions Inc.

Notice of Independent Review Decision

Case Number: X

Date of Notice: X

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL