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Notice of Independent Review Decision

X Amended: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
X on the X with X - X

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

REVIEW OUTCOME:

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured on X. X was X when X felt X in X and X.

From X, through X, the patient attended X at X. The diagnoses were X of X of X and X.

On X, a X of the X was performed due to X to the X, X and X or X for a X. The study was performed at X and interpreted by X, M.D. The study showed X with X contribute to X at X, which was X on the X and X on the X, as well as X.

On X, an X of the X was performed at X and interpreted by X, M.D. The indication for study was X due to X on X. The study showed X. X versus X. Correlate with X to X in this location and patient presentation to differentiate between these X entities.

On X, the patient was seen by X, M.D. X went to X on X because of X and X. X was given X. X were performed, and X was X. X had X and was rated as X. X had X. The X was X and had X, X of the X to the X. X and X remained the same. The exam showed an X, X and X. The X had X and X. On X, X and X along the X remained the same, X, X and X, X. The diagnoses were X of X of the X and X of X. The treatment plan included X, X, follow up with X and referral to X for X and X for X. The patient was recommended X.

On X, the patient was seen by X, M.D., for X. The X into the X. X was reviewed. X was able to X. X was X. At worst, it was X and at best X. The X was X. X or X and not X made X. The X had been going on for X. The X had been X to the point that the patients X was being X. The X showed X and X on the X, X in the X. There was X in X at X and X. The diagnosis was X of X of X. Follow up as needed for procedure was recommended.

On X, the patient was seen by Dr. X for X. The X to the X. Dr. X performed X. Follow up in X and X were recommended.

On X, a X by an X was documented. The patient was doing X without X. X was not X. X was in X at facility and was X.

On X, the patient was seen by Dr. X for X. The X to the X. X was able to X. The X was like X. X had greater than X after the X. X was able to X. Follow up in X was recommended

On X, Dr. X saw the patient for X. The X to the X. X was reviewed. X was able to X. X was X. X reported greater than X after the X. X was able to X. The diagnosis was X of X of the X. Follow up as needed was recommended.

On X, Dr. X saw the patient for X and X. X was X. X made X better. X had much improved. X was working X. The exam showed X on X with X, X and X. There was X in the X at X. The diagnosis was X of X of the X. The treatment plan included X (X) of the X level and X.

On X, Dr. X performed X. Follow up in X and X were recommended.

On X, and X, the patient attended X at X.

On X, Dr. X saw the patient for X. X had X in the X after X at X. X was able to X. X reported X also helped a lot, and X was working X. The exam showed X on X with the X, X and X. X (X) to X and X for X were recommended.

On X, the patient was seen by Dr. X for X. X was able to X. X was X. X was denied in spite of meeting X. Follow up in X.

On X, Dr. X performed X. Follow up in X and X were recommended.

Per a questionnaire dated X, by an unknown provider, the patient was X and X in the X. X was not X. X was doing X and was X.

On X, Dr. X saw the patient for X. X had X in the X after the X. X was able to X. The diagnosis was X of X of the X. Follow up as needed was recommended.

On X, the patient was seen by Dr. X for X. The X into the X. The X of the X was reviewed. X was able to X. X was X. The X was X after the X. The exam showed X and X and X on the X. The diagnosis was X of X of the X. The treatment plan included X, X on the X and follow up as needed for the procedure.

Per message dated X, from X, X at X on the X, X, was requested.

Per Utilization Review dated X, the request for X with X was denied on the basis of following rationale: "*X by X Last review/update date: X, X for X: X: X: See X for X. See also the X for X. Per X, "A request for the procedure in a patient with X requires additional documentation of X associated with X of X. X should require documentation that previous X produced a X and X for at least X. In this case, X are noted after a prior X, but details regarding the X in such activities are not noted. There is no record of evidence of recent X of the X. Furthermore, there is no record of extraordinary circumstances that would necessitate X for this procedure. X is not recommended and there is no record of factors that would indicate such X as to require the involvement of an X or X. The request is not shown to be medically necessary. Therefore, the request for X is non-certified.*"

On X, Dr. X saw the patient for X with X to the X. X was X, at worst it was X and at best X. X had X. X helped X. No significant changes since the last visit. X denied in spite of meeting X. X was X. X was able to X. The exam showed X and X on the X, X on the X and X in the X, X. The diagnosis was X of X of the X. Follow-up at the clinic as needed for the procedure.

Per message dated X, from X, X at X on the X was requested.

Per Utilization Review dated X, the request for X with X was denied on the basis of following rationale: "*The request for X with X was not medically necessary. The request for an X with X is not medically necessary. As noted in X (X) X, "Therapeutic topic, X are not recommended as a treatment for X or for X." Here, however, the attending provider's documentation made it unclear as to whether the patient's X predominated over X or vice versa. The patient had received a recent X, which suggested that the patient's X in fact predominated over X. The X further noted that X is not routinely*

recommended and should be reserved for those with X. Here, however, there was no record of the patient's having X that it would interfere with performance of an X without the X in question. Furthermore, multiple components of the request were, thus, at odds with guidelines set forth in X for pursuit of the X in question. As such, the request is not medically necessary. Therefore, the request for X on the X is not medically necessary."

On X, Dr. X saw the patient for X with X to the X. X was X, at worst it was X and at best X. X had X. X helped X. X since the last visit. X denied in spite of meeting X. X was able to X. The exam showed X and X on the X, X on the X and X in the X, X. The diagnosis was X of X of the X. Follow-up at the X in X for re-evaluation.

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

X for the use of X, therapeutic:
Note: The purpose of X is to X and X, thereby facilitating progress in more X, and avoiding X, but this treatment alone offers X.
X

Patient was injured on X. X was X when X felt X in X and X. X failed X and underwent a X, X, X with documented X after the X. X was able to X. Further documentation by another provider stated that X was X. X was in an X at a facility and was X.

X had X and underwent X with X in the X.

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On X, the patient was seen by Dr. X for X that X into the X. The exam showed X and X and X on the X.

A X of the X was performed on, X, due to X to the X and X or X for X. The study was performed at X and interpreted by X, M.D. The study showed X with X contribute to X at X, which was X on the X and X on the X, as well as X.

The X criteria has been met for a X on the X with X has been met. It is certified as medically necessary. X of X is documented. Thus, X as defined by X, is considered medically necessary per the X.

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

☒**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**