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An Independent Review Organization
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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. The X of the injury X. The diagnoses were X. Per a request information dated X, there was X denial following X. X continued to X. X would X. X benefits included X. X were requested. X was subject to X. The name of the requestor was X, MD. The handwritten note was X. X was seen by X, MD on X for a X. X had X. X stated the X. X reported X. On examination of the X. The wound X. X and X was noted. X was X. A X initial evaluation was performed on X by X, PT, DPT. X was status X. X reported X. X performance score was X. On examination, the X. The X. The X of the X. X in the X was noted to be X. X had X. Findings of the evaluation included X. These X had led to X. X would benefit from X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X, MD. Rationale: "Based upon the medical documentation presently available for review, Official Disability Guidelines would X. There is documentation to indicate that X. The requested X. As a result, presently, X. Attempts at conducting a PEER

to PEER review were X." X, PT, DPT, documented a letter on an unknown date regarding X. Per the evaluative report, X was significantly X. X occupation was a X. Without X, X was at X, which may present as a X. For the X. Per a utilization review reconsideration adverse determination letter dated X, the request for X according to X, DO. The request for X. Rationale: Per ODG X, "Recommended based on limited evidence. ODG X Guidelines - Allow for X. In this case, the patient is a X who sustained an injury on X. On X, the patient presents X. The patient reports that their X. Post-operatively, the patient has been X. On X examination of the X. X is X. Regarding this request, the ODG guidelines X. Per the available documentation, it appears that the patient has X. The request for X. Without a peer conversation, a X. As such, the request X." The requested X. According to the medical documentation, the patient has already X. The guidelines X. The requested X. Based on the medical documentation, it X. Therefore, the X.

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

The requested X. According to the medical documentation, the patient has X. The guidelines only support is X. The requested X. Based on the medical documentation, it X. Therefore, the requested 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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**