

Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a X with a history of an occupational claim from X. The mechanism of injury was detailed as the patient was X. The current diagnosis was documented as X. X included the patient's X. Prior relevant treatment included X. The report dated X stated the patient presented for X. The patient endorsed X. X was X. On X, pain at the X. X was limited and X. X was X, X, with X, X, X, X, X, and X. X had X. The report stated the patient completed X. X main complaints stemmed from the X. A X was recommended but the patient X. The physician stated the patient X.

The follow-up visit note dated X indicated the patient presented with X. X reported taking X. X findings showed X. There was a X. X was reduced with X. X testing showed X. The patient had a X. The report noted the patient was X. At the time of the visit, X. X was recommended to continue X. X would X. The patient received a notice of adverse determination on X, which X. Specifically, the X dated X

showed X. The subsequent X of the X. The appeal determination from X noted that X of the X dated X. This review pertains to the X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND

CONCLUSIONS USED TO SUPPORT THE DECISION: The Official Disability Guidelines states that the X. X should have X. Subjectively, there is to be X. There should also be X. The X reports did X. Additionally, clinical findings as of X did not include evidence of X. Therefore, while it was noted that the patient was X. As such, in accordance with the previous denial, the request for X.

SOURCE OF REVIEW CRITERIA:

- ❑ 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 X
- ❑ 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
 - Presley Reed, the Medical Disability Advisor
 - Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
 - TMF Screening Criteria Manual
 - Peer Reviewed Nationally Accepted Medical Literature (Provide a Description)
 - Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide a Description)

1. X.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

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since the beginning.

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ACCREDITED
Independent Review
Organization:
Internal & External
Expires 06/01/2024