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IRO Certificate #X

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:

Upheld (Agree) X

Overtaken (Disagree)

Partially Overtaken (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY SUMMARY

Patient is X who sustained a work related injury in X. X reported X.

Upon on X first visit to Dr.X, MD, Orthopedic Surgeon, on X, X was diagnosed with a X. Note states that patient sustained a X. X was treated X. X is doing well, going to X. Examination of the X.

Examination of the X. X is present. X, X, X, and X. Assessment right now X. At the time of exam no mention was made of X.

Patient was then seen by X, PA-C, X, and was noted to have X. On examination X was noted. X was treated with more X.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

Patient was seen again by Dr.X. Encounter note reports X was still having X. X was noted to have X. This was treated with a X. X examination did not note X.

X underwent X consultation, X, by Dr. X. The findings were of X.

Patient was then seen again by X, PA-C, X, and at that time patient was X. X test was also X. X was found to have X. X recommended X undergo X.

Dr. X submitted a review letter, X, recommending the X as recommended by X, PA-C at X encounter.

A peer review was performed by Dr.X, X, with summaries stating that the X were not medically necessary. A second peer review was performed, X, by Dr.X, MD, also agreeing that the procedures in question were X.

Patient sustained a X. X developed a X. X had a X.

Opinion: X AGREE with the benefit company's decision to deny the requested service(s).

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION (continued)

Rationale: In my opinion, X. X do not feel that treatment is X. **X is not medically necessary. The X are not medically necessary as the X is not approved.**

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL &
ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH &
QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION
POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF X
INTERQUAL CRITERIA

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE &
EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL
STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE
GUIDELINES

MILLIMAN CARE GUIDELINES

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

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA
OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**
(continuation)

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY

ASSURANCE & PRACTICE PARAMETERS

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL
LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID,
OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)