

**P-IRO Inc.**  
**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 is a x who was injured at X on X. The diagnosis was X. On X, X was evaluated by X, DO in follow-up. Per the note, X presented as X was X. Dr. X notes mentioned that X. X did X. They were able to get X. Dr. X was X. Unfortunately, the peer reviewer had not reviewed Dr. X supportive notes. X had a X. The X had X. In fact, X showed Dr. X the X. X was X. X wants X. Dr. X was X. X was X. As a result, Dr. X would X. Dr. X wrote that the X. On examination, X walked with X. X had X. This was X. Any X would X. At X. At X. It caused X. It caused X Treatment to date included X. Per a utilization review adverse determination letter dated X, the X. Rationale: "Although a X. X is X. Therefore, the request for X. Per a reconsideration review adverse determination letter dated X, the appeal request for X. Rationale: "Within the medical information available for review, there is a previous adverse determination due to the need for X. The (X) progress report

identifies that X. Also, it is noted that the injured worker's X. However, there is no documentation of a rationale for X. Texas regulations X. As a peer discussion did not take place, the requested X. Thoroughly reviewed provided documentation including peer reviews. X with 2 reviewers that the patient can benefit from X. Does not appear X, but provider is advocating for X which the patient X noted Dr. X note, with X thus X. Therefore, the X.

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

Thoroughly reviewed provided documentation including peer reviews. X with 2 reviewers that the patient can X. Does X, but provider is advocating for X which the patient X - noted Dr. X note, with X. Therefore, the 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 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
- 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

- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL