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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

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:

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X reported X. The diagnosis was X.X underwent a X by X,. It was noted that X demonstrated the X. The return-to-work test items X was X. X demonstrated the ability to perform within the X. Based on X, X may be able to X.

It was noted that X job as a X. A X Evaluation dated X was completed by X, LCSW /X, PhD /X, MD that included the administration of an interview with X and several assessments to determine if X was X. This included X. On the X, X scored a X, within the X. The X and X Assessment for Patients in X. On the X Questionnaire (X), X showed X scale was X. It was noted that X was X. It appeared as though X was X. The following X diagnosis was documented: X– Deferred to Dr. X notes; X. It was recommended that X begin the X. If X was X. On X, X was seen by X, MD for follow up visit. X reported X was X. X rated the pain X. X was aware of the X. The X remained the X. The X had X. The X showed X. On examination, X appeared X. X was X, and X was in X. On X examination, X showed X remained the X. X reported remained the X. The X test was X. An X dated X showed X. X was recommended to X. The diagnosis was other X. X was advised to X. The designated doctor evaluation (X) had put X at an MMI of Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Based upon the medical documentation presently available for review, Official Disability Guidelines would not support a medical necessity for this specific request as submitted. The submitted clinical documentation does X. Additionally, the requested amount of treatment in a X. As a result, at the present time, medical necessity for this specific request as submitted is not established for the described medical situation. Attempts at conducting a PEER to PEER review were X." An appeal letter X, X, MD stated, "The patient reports an average pain level of "X," which can X to an "X" at X current activity level. The patient reported that X is X. If the patient should X. We believe that the X. The reviewer also X left by X for the peer to peer review. X was done. The patient is a X. If the patient does X. We believe the X. Finally, the patient expressed a X. We believe the X. We ask that you X." Per a reconsideration review adverse determination letter dated X by X. MD, the request for X was denied. Rationale: "Per Official Disability Guidelines (ODG) by X, "X involves an X. X visits are typically more X." A peer to peer conversation occurred in this case. The patient is a X who sustained an injury on X. The provider was X. The provider identified X. The provider stated that a X. In this case, it was not known on X. Therefore, the requested X is not shown to be medically necessary and non-authorized." Thoroughly reviewed supplied records including peer reviews. Patient with X. Had some X.X, and to X. However, in this case, there is X. There is also X. While it is X. Given these omissions in documentation, it is difficult to warrant X. X is not medically necessary and non certified

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

Patient with X. Had some prior X.X, and to some X. However, in this case, there is X. There is also X. While it is X. Given these omissions in documentation, it is difficult to X. X is not medically necessary and non certified

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 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
- 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