

True Resolutions 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:

- 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 sustained an injury on X. At X, X. The diagnoses included X. X presented to X, PA /X, MD on X. X presented with a X. On examination, X was noted. X was limited. X was intact. X was X. X was scheduled. X was seen by X, PA /X, MD on X for a X. X was X. X complained of X. On examination, X were X. X was X. X was X. X was X. X had X. On X, X presented for a X. X was X. X stated that X. X was X. X lacked X. X examination was X. X examination revealed X. X examination were X. X of the X. Treatment to date included X. Rationale: "Based on the X. X on X. X was diagnosed with an X. X was prevented from X. Prior treatments included X. An X of

the X dated X showed X. As per the initial report submitted by X, NP, dated X, the claimant had X. X examination revealed , A review of X, As per the narrative report submitted by Dr. X dated X, the claimant had X. X examination of the X. The X was X. The Official Disability Guidelines state that X. The Official Disability Guidelines state that X. Proceeding with the request for X. Although the claimant has X. There was X. Hence, the prospective request for X.”Per utilization review by X, MD on X the request for X. Rationale: “The prior X by Dr. X on X was based on the fact that the claimant had a X. There was X. Per submitted documentation, the claimant sustained a work-related injury when X. X. X was recommended to X. Prior treatments Included X, An X of the X dated X showed X, According to the chart notes submitted by Dr. X dated X , the claimant reported X, On examination, there was X. The provider recommended a X. The claimant's current X was X. The Official Disability Guidelines state that X, Is also recommended for X. In this circumstance, the claimant suffered a X. The provider recommended a X. There is a request for an X. While X is X. As such, the appeal X.” The requested X. The patient previously was X. Is X as to the rationale as to X. The patient X but a X. The request remains X.

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

The requested X. The patient previously was X. Is X as to the X. The patient did X but a X. The request remains 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