

**C-IRO Inc.**

***Notice of Independent Review Decision***

Case Number: 348563

Date of Notice: 11/10/2022

---

**C-IRO Inc.**

**An Independent Review Organization**

**3616 Far West Blvd Ste 117-501 CI**

**Austin, TX 78731**

**Phone: (512) 772-4390**

**Fax: (512) 387-2647**

**Email: [@ciro-site.com](mailto:@ciro-site.com)**

***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 Overtuned    Agree in part/Disagree in part
- Upheld                          Agree

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW: X**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was injured on X. The mechanism of injury was X. The diagnosis was X On X, X, MD evaluated X in a follow-up visit. Overall, X stated X symptoms were X. X was X. Previous history of X. X was told by X that X had X. X had to X. symptoms remained X. Daily X was described as X. X used a X. X had a X. The examination noted X. X was X. X showed X. X was X. The assessment was X. As X had X, Dr. X discussed X. X would X. X had been X revealed X: 1.X. 2.X. 3.X. 4.X. 5.X. Treatment to date included X Per a utilization review adverse determination letter dated X, the request for X with X Dr. X & assistant X with X was X by X, MD. Rationale: "This X. Exam findings demonstrate X. The claimant has X. However, X. X were X. Therefore, this request is X. Recommend X. This is based upon this reviewer's X. Because an adverse determination for X Per a reconsideration review adverse determination letter dated X, the request for X with X Dr. X & assistant X with X : X was X by X, MD. This review pertains to the request of X. Regarding the request for X Dr. X & assistant X with X, ODG conditionally X. Recommended as an X, as indicated. X recommended in X. Based on the medical documentation presently available for review, the above-noted reference X. The current X examination findings are X. The current documentation showed X. X to X. As such, the request for X Dr. X & assistant X with X. Because an adverse determination for X The requested X. The records X. In addition, the X report demonstrates at the X. At X, there is X. There is X. The X do X. However, the X report X. In addition, the patient has X. Thus, the X. X with X Dr. X & assistant X with X: X is X

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

The requested X. The records X. In addition, the X report demonstrates at the X. At X, there is X. There is X. The X do X. However, the X report X. In addition, the patient has X. Thus, the X. X with X Dr. X & assistant X with X: X is 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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)