

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 on X when X injured X while X. The diagnoses included other X. The following data was taken from the utilization review dated X as there were X available from the treating provided X, PT. It was noted that on X, X was seen for a X. It was stated that X had completed X for the X. X progress towards the stated goals X. X continued to complain of X. X was X. X continued to demonstrate a X. X was X. X Instrumental activities of X. The X noted X. X had X. A request was noted for X. Per a medical document dated X, X was seen for a follow-up X. X was status- X. X reported that X had been X. X felt that X would X. X noted that X continued to be X. X continued to have X. X had X. X endorsed X. The examination findings of the X noted that the X. There was X. X had X. The provider recommended X. Treatment to date included X. Per a utilization review adverse determination letter dated X, by X, MD, the request for X. Rationale: "Based upon

the medical documentation presently available for review, the above-noted reference X. The above-noted reference would X. This specific request would thus, X. As a result, presently, medical necessity treatment in the form of X. Recommend X.” Per reconsideration review dated X, X, DO X. The rationale was as follows: “The Official Disability Guidelines state that "X." The previous request for X. The documentation X. In this case, the claimant was seen for a X. X was status X. X had completed X. Per the X, the claimant was X. On X, it was noted that the claimant had X. X continued to endorse X. The claimant felt that X. An additional X. However, the documentation indicated that the X. Given X. The documentation X. Additionally, the requested X. As such, the X.” Thoroughly reviewed all supplied documentation including provider notes, imaging findings, and peer reviews. Agree with peer reviews, X. Further, it appears patient has X. Therefore, the requested X. As such, the X.

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

Thoroughly reviewed all supplied documentation including provider notes, X, and peer reviews. Agree with peer reviews, X. Further, it appears patient X. Therefore, the requested X. As such, 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 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