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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 Overtuned Agree in part/Disagree in part
- Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]: Patient Clinical History (Summary) X is a X who was injured on X. X was X. The diagnoses were sprain of unspecified ligament of left ankle, subsequent encounter X; strain of muscle, fascia and tendon of lower back, subsequent encounter X; unspecified sprain of left foot, subsequent encounter X; low back pain X; pain in left ankle and joints of left foot X; other intervertebral disc displacement, lumbar region X; sprain of ligaments of lumbar spine, initial encounter X; and unspecified sprain of left foot, initial encounter X. On X, X, MD ordered X. X was medically necessary to address objective impairment / functional loss and to expedite the return to full activity. X was seen by X, MD from X through X. On X; X presented for a follow-up of left knee / ankle, and lower back injury. X sustained an injury on X. X stated that X was feeling about the same. X did not approve for evaluation by a specialist or therapist yet. X was just frustrated to get back to work and see if X could do it because X was tired of sitting at home and waiting for treatment. On examination, X blood pressure was 100/80 mmHg, and body mass index was 21.63 kg / m². On examination of the left ankle, appearance was X. There was X. X were painful. No pain with X to the injury was noted. X was X. On examination of lumbosacral spine, there was X. Flexion was painful. X revealed X degrees of painful extension. X resulted in back pain. Roughly, 75% of the anticipated healing had taken place. The assessment included lumbar strain; left ankle sprain; sprain of left foot, initial encounter; and contusion of left knee, initial encounter. On X, presented for a follow-up. Examination of the left ankle revealed painful range of motion and tenderness in the lateral malleolus. X was walking with a mild limp. X was noted. There were no symptoms of X. X was walking with a mild limp. X was

approximately 50% of the way toward meeting the physical requirement of X job. On X; X was seen for further evaluation and treatment of X ongoing symptoms. X had been working regular duty, because X could afford to stay on unpaid medical leave. Examination of the left ankle revealed tenderness in the lateral malleolus and pain with range of motion. X was walking with a mild limp. X was noted. There were no X. The assessment included X. Treatment to date included X. Per a utilization review adverse determination letter dated X and peer review dated X; the request for X was denied by X, DO. Rationale: "In this case, the patient has a chronic injury. There were no medicals submitted for review with subjective complaints or objective exam findings. Per the referral form on X, X was ordered for the low back and the left ankle and foot. Prior relevant utilization review from X, non-certified X. The current request is not medically necessary, as there are no medical records provided for review with subjective complaints or objective exam findings to clarify the rationale for the requested X, and as it appears the patient X. Non certify." Per a utilization review adverse determination letter dated X and peer review dated X; the prior denial was upheld by X, MD. Rationale: The request was not medically necessary. In this case, there were no recent examination findings provided. Therefore, the appeal X is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review adverse determination letter dated X and peer review dated X; the request for X was denied by X , DO. Rationale: "In this case, the patient has a chronic injury. There were no medicals submitted for review with subjective complaints or objective exam findings. Per the referral form on X, X was ordered for the low back and the left ankle and foot. Prior relevant utilization review from X , non-certified X, as the reviewer at that time noted the patient X. The current request is not medically necessary, as there are no medical records provided for review with subjective complaints or objective exam findings to clarify the rationale for the requested X, and as it appears the patient completed a X, however, there is no evidence of an exacerbation

X noted, and no X. Non certify.” Per a utilization review adverse determination letter dated X and peer review dated X; the prior denial was upheld by X, MD. Rationale: The request was not medically necessary. In this case, there were no recent examination findings provided. Therefore, the appeal for X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no information provided regarding X. There are no X records submitted for review with documentation of progress. There are limited objective findings noted on physical examination. Therefore, medical necessity is not established in accordance with current evidence based guidelines. 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:

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review adverse determination letter dated X and peer review dated X; the request for X by X, DO. Rationale: “In this case, the patient has a chronic injury. There were no medicals submitted for review with subjective complaints or objective exam findings. Per the referral form on X, X was ordered for the low back and the left ankle and foot. Prior relevant utilization review from X, non-certified X. The current request is not medically necessary, as there are no medical records provided for review with subjective complaints or objective exam findings to clarify the rationale for the requested X, and as it appears the patient completed a sufficient number of X. Non certify.” Per a utilization review adverse determination letter dated X and peer review dated X; the prior denial was upheld by X, MD. Rationale: The request was not medically necessary. In this case, there were no recent

examination findings provided. Therefore, the appeal for X was denied. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no information provided regarding X. There are no X records submitted for review with documentation of progress. There are limited objective findings noted on physical examination. Therefore, medical necessity is not established in accordance with current evidence based guidelines. X is not medically necessary and non certified

Upheld

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 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**

- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**