





IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

Date of Notice: Date: X	Х	Amended
TX IRO Case #:	Х	

X DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]: This case pertains to a X with review of medical necessity for X.

On X, the patient presented with a right wrist injury. X-ray noted X. X noted X. X started to have a burning pain on the ulnar side of X wrist along with swelling. X has been wearing a splint that goes over X wrist and thumb. The swelling had gone down until X went back to work today. Assessment is right wrist sprain. X referral given. X given to patient.





On X, the patient presented for follow-up. The pain has decreased but the swelling comes and goes with use. X is not wearing the X. X bought X a X. X notes if X rotates X wrist, X has pain and popping. When X has the popping, X wrist swells.

On X, an MRI found X. There is X. There is X.

On X, the patient presented for follow-up. X reports no pain if X does not use it. X has been working regular duty. X notes when X lifts X pounds, X hears a pop as it feels like something gives way. Assessment is X.

On X, the patient presents for follow-up. X still feels some pop in X wrist. X has finished X.

On X, the patient presents for follow-up. X reports having X. The record indicates X is X.

On X, the patient presents for follow-up. X continues to feel pain in X right wrist. It is tender and burning along with shocking. When X grabs objects, X feels burning, and shocking pain. X is interested in surgery to provide relief. Assessment is X.





On X, the patient presents for follow-up. X notes no pain when the wrist is in a brace. X reports X is scheduled for surgery on X.

On X, the patient had extensive X. The next appropriate course is X.

On X, the patient was seen for X. The surgeon prescribed X after a X on X.

On X, the patient reports X has not started X due to insurance. X still has pain in X right wrist especially with X. X also has intermittent popping as well.

The patient attended X from X. The patient notes X wrist is better than last time but still has some swelling. X will continue with X. X is discharged from X. X does not believe X will relieve X pain but will do X X since X will be starting work soon.

On X, the provider requested X.

On X, the patient presents for follow-up. X continues to have pain in X right wrist. X has popping sensation during pronation and supination. X reports recent incident where X had electrical shocks in X wrist that radiated to X hand and fingers while X went to grab X phone. X feels X range of





motion has worsened since surgery. X sharp pain overall is better. Plan is to continue X.

On X, the patient presented for follow-up. X states overall X wrist is better. X was given a X pound weight restriction and was recommended a X. Examination found Xwell healed. Mild sharp pain during pronation. Assessment is X.

On X, a letter was sent noting the X was denied. X is disputing X. The compensable injury of X is neither a producing cause of the current symptoms nor an aggravation of the above listed diagnosis.

On X, a letter was sent to the provider noting that the medical treatment of X, does not meet the established criteria for medical necessity.

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

The Office of Disability Guidelines notes a X must include the following criteria: X.

1) Is the requested X medically necessary?

Answer: X, the requested X is not medically necessary.



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Evidence based literature notes that "acute injuries are those that have occurred recently and may require immediate care from a health care professional. Chronic injuries happen slowly over time and lead to lingering soreness and discomfort within the body; care from a health care professional is also indicated, depending on the nature and severity of the chronic injury, and whether or not it influences performance in the workplace." "Emerging evidence suggests that for individuals participating in physical therapy for chronic musculoskeletal pain, a strong therapeutic alliance may improve pain outcomes."

The patient is a X who has had X, a X on X. X has had X. X notes that popping sensations and pain continues despite X. The record noted in X that patient was discharged from X. On X, the patient presented for follow-up. X states overall X wrist is better. X was given a X pound weight restriction and was recommended a X. Examination found X. Mild sharp pain during pronation. Assessment is X.

There is no recent screening, documentation of a X. The last X. The patient noted X would continue X. The record does not indicate how a X. There was no documentation of a X. The request for X is denied and the decision is upheld.







SOURCE OF REVIEW CRITERIA:

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

□ 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)

REVIEW OUTCOME:







Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- \boxtimes Upheld (Agree)
- □ Overturned (Disagree)
- □ Partially Overturned (Agree in part/Disagree in part

ATTESTATIONS: X.

Credentials, Knowledge & Experience X