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Notice of Independent Review Decision
Amendment x

IRO REVIEWER REPORT

Date:X; Amendment 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 Overturned Agree in part/Disagree in part
- Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was working as a X. The diagnoses were unspecified injury of right X and other sprain of right X. On X, X was seen by X, MD with right X. X presented for a follow-up visit. X stated X had increased pain since last visit. X stated continued X. X went to physical therapy for two visits, but did not continue due to increase of pain. X was attempting to be referred to pain management by Workers' Compensation doctor, but was denied by adjuster. The character of pain was X. Exacerbating factors included X. Relieving factors included X. On examination, X weight was 274 pounds and BMI was 39.31 kg/m². The right X examination revealed X. The X was moderately X. X had distally pain with figure of X. X had tried X. Treatment with X. An X showed X. Physical examination was X. Symptoms were X. On X, X was seen by Dr. X with right X. X presented for a follow-up visit. Dr. X stated that X had X. X complained of X. X wanted treatment but was denied through Workers Compensation. On examination, weight was 274 pounds and BMI was 39.31 kg/m². The right X examination revealed X. The X was X. The X. The X were X. X were positive. An X of right X dated X showed X. There was X. There was X seen. There was X seen. There was X present. There was X present. There was X seen. There was X present. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for right X was denied. Rationale: "ODG indicated X is Recommended for specific indications based on diagnosis. Improved X have been developed gradually to allow examination and treatment of X that were previously only accessible through X. Body mass index (BMI) under 30. Based upon the medical documentation

presently available for review, the above-noted reference does not support a medical necessity for this specific request. The patient is having BMI of 39.31, requiring weight reduction protocol prior to surgery. As such, the request for outpatient; right X is non-certified.”

“ODG indicated X is Recommended. There is evidence that a X. While recommended for therapeutic use, X are not necessarily recommended for prevention of injury. Based upon the medical documentation presently available for review, the above-noted reference does not support a medical necessity for this specific request. Concurrent request for X is not medically supported therefore an associated request for X has no indication. As such, the request for X is non-certified.”

On X, X, MD provided preauthorization request for right X. Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “Per the Official Disability Guidelines (ODG by MCG) repair of X is recommended. X. X for X recommended as indicated below with judicious selection of surgical candidates. X (X) has been proliferating in sports medicine, but there is inadequate evidence that X truly helps over the long term. X are recommended for X. The claimant had ongoing right X. However, there were no recent progress notes provided with documentation of significant X, the claimant had a BMI of 39.31, and there was no documentation of X. I spoke with X, PA. We discussed that claimant X. However, I did point out that the last exam did not show objective findings that would necessitate X. X said they would have to bring the claimant back for another follow-up to fully document objective findings to X. As such, the request for X is noncertified.”

“Per the ODG by X are recommended for X. The claimant had ongoing right X. However, the claimant was not authorized for a right X. As such, the request for X is noncertified.”

Per the Addendum, “Per the ODG by X are recommended for X. The claimant had ongoing right X Additional information was reviewed. Per the progress note dated X, the claimant reported right X. On physical examination, the claimant X. There was X. There was a X.

However, the examination findings were very nonspecific as the claimant had pain with X. The X findings are X. The claimant had a high BMI. The examination findings do not appear to be consistent with someone who would benefit from the requested X. Therefore, the claimant was not authorized for a X. As such, the request for X is noncertified." On X, an appeal request for X was provided. Based on the medical documentation, the patient has a BMI of 39.31. The guidelines recommend that a BMI be less than 30 prior to proceeding with a X. The submitted medical records do not indicate that the patient is undergoing a weight loss program currently. In addition, the physical examination records do not demonstrate X. The X demonstrated a X. As such, the requested X is not medically necessary. As the surgical request is not medically necessary, the requested X is not indicated. 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 medical documentation, the patient has a BMI of 39.31. The guidelines recommend that a BMI be less than 30 prior to proceeding with a X. The submitted medical records do not indicate that the patient is undergoing a weight loss program currently. In addition, the physical examination records do not demonstrate X. The MRI scan demonstrated a X. As such, the requested X is not medically necessary. As the surgical request is not medically necessary, the requested X is not indicated. 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
- 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