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Notice of Independent Review Decision Amendment

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

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 is a X who was injured on X. X was employed by X as a X at the time of the injury. X stated that while in a metal enclosure (X), X was to clean the enclosure with a high pressure water hose. X stated that the proper nozzle could not be located, so a different nozzle was used as a substitute. X stated that when X pulled the lever back to start to clean, the hose ejected water at a much higher velocity than the proper nozzle would, knocking X back, causing X to spin. X stated that X ended up slipping, twisting X right X, and as X fell forward, X extended X left X to block X against a section of X left X and landing on X right X. The diagnosis was right X, left X, and right X. X was seen by X, DC on X for work-related right X, right X and left X injuries. X reported continued constant aching with intermittent sharp pains in the left X. X reported the intensity of the pain to be X. X stated that grasping, holding objects, lifting and general movements of the X in certain ways associated with normal daily activities, grasping, holding and lifting would increase X overall pain level. X stated that medication and avoiding activity / rest helped to decrease X overall pain level. X also reported occasional numbness into the left X. X also reported continued sharp pains in the right X, mainly with direct contact and / or lifting, pushing or pulling. X reported the intensity of the pain to be X. X stated that direct contact was the main activity that would increase X pain, but again lifting, pushing and pulling increased X pain. X stated that avoiding putting X directly on something and limiting lifting and / or rest helped to decrease X overall pain level. X reported continued frequent aching pain in the right X with occasional sharp pain with certain movements. X reported no recent buckling of the X. X reported the intensity of the pain to be X. X stated that walking, trying to squat, walking on slanted, soft or uneven surfaces associated with normal daily activities increased X overall pain level. X stated that rest and avoiding prolonged or repetitive activity helped to decrease X overall pain level. Examination revealed continued very mild to mild right X. Per inspection, there was no fluid accumulation on the right X seen. There was a well-healed approximately X / X of the left X seen. There was continued mild X of the right X and X was noted. There were two well-healed portals noted on the right X. Left X continued to be held in a slight radial deviation compared to the right. On palpation, left X revealed continued mild pain over the X and into the base of the X and thumb. Right X revealed mild pain of the X

process as well as continued grainy feeling of the X. Right X revealed mild X pain, very mild X, and mild X pain. X examination of left X revealed mildly X. The X examination revealed motor strength of X involving left X and extension, and left X. Active range of motion of right X showed X was X with slight pain over the X, extension was X with slight pain over the X, supination and decreased to X. Left X ROM revealed X and X was decreased to X due to mild pain in the X, X was decreased to X due to mild pain in the X, and X was X due to mild pain in the X. Right X revealed X was decreased to X with mild X pain and extension was X with X pain. X assessed that X had completed X for X right X and left X as well as X for X right X all per ODG. X performed on X revealed that X was capable of functioning at a X. A X program was recommended; however, it was denied on appeal. On that visit's report once again indicated that X had met a X in X treatment. No significant changes had occurred since X last visit. Additionally, X position was still available and X stated that X had received no notice of termination and that no X was available. The X indicated the goals for the X program which were obviously to return X to full duty capabilities since X job did not have light duty available. X was unable to X at that time. Per X report dated X, X, DC documented that X was capable of performing at a X demand level Involving the Injured area(s) and was experiencing a severe functional deficit as it related to meeting the standing (currently occasional vs constant job requirement), X (currently occasional vs constant job requirement), X (currently occasional vs frequent job requirement), X (currently occasional vs frequent job requirement), X (currently occasional vs constant job requirement), X (currently infrequent vs frequent job requirement), X (currently occasional vs frequent job requirement), X (currently in frequent vs frequent job requirement), X (currently infrequent vs occasional job requirement), X {currently X vs X job requirement), X (currently X As vs X pounds job requirement), X (currently X vs X requirement), X (currently X vs X job requirement), X (currently X vs X required job requirement) and X (currently X pounds vs X force required job requirement) job criteria defined by the Dictionary of Occupational Titles and / or X Job Description Interview. Dr. X assessed that X functional performance during the evaluation revealed that X was experiencing a severe functional deficit in X ability to perform at the minimum physical demand level of X occupation as a X. The clinical history, present presentation and results of this evaluation indicated that X current functional state required further rehabilitative intervention. Also X , X dated X evaluation revealed a X indicating X,

X indicating X, X and a X indicating X behavior with physical activity and work activity. Dr. X also stated that based on the results of this exam and considering the X, X evaluation, agreed with the recommendation of the X that an X would be appropriate for X. The X would address the functional deficits identified in this reports as well as address the X, X and X identified in the X, The X would consist of the following elements: X and X, X and X, X, X, real or X, X and X sessions and if, X sessions that were separate from the X Program but were in conjunction with the X program. On X, X, MS, LPC performed X evaluation. X had been treated with X, X, X, and medication. Despite these lower levels of care, X continued to report moderate to high levels of pain and had been unable to return to work. X reported that X pain significantly impaired X ability to function X, X, X, and X. In addition to X pain, X reported symptoms of X and X. X reported good X prior to X injury and stated that X level of functioning had been significantly imparted. X manifested a symptom pattern highly consistent with Pain Disorder associated with both X and a X Condition. On the basis of the above history and X findings, it was clear that X injury had caused the above diagnostic condition. X was facing significant X that required major X, X, and X readjustment. Based on X history and responses to the test X, X demonstrated symptoms of X and X, which had been shown in research to contribute to the X, maintenance, and intensity of pain and the ability to cope with the X pain. X reported that X had experienced mixed results from previous treatments X had received in relieving X pain. X demonstrated an excellent work history prior to X injury. X was eager to resume work despite X injury and pain. There was no evidence of poor work adjustment. Despite having fear of pain increasing and re-injury X was motivated to return to work. X did not demonstrate high levels of X and X symptoms of X and X were likely to decrease significantly when X saw that X would be able to return to work and support X family. There were no financial disability disputes pending, X did not wish to continue with medications to treat X symptoms. It appeared that X was an appropriate candidate for a X Program that would include individual X, X, X, X, X, and X. This should help decrease X intensity of subjective pain, decrease X use of medications, increase X ability to manage pain, decrease X symptoms of X and X, improve X, X and X, and increase the likelihood that X would return to work, Group and staff support would help X increase X motivation and help X accept and adjust to X injury. Group X would give X the opportunity to observe how fellow patients cope with their stressors and adopt similar strategies. Goals

of the program would include a decrease in X subjective rating of pain by X, a reduction in X score by X, and a reduction in X by X. X-rays of right X dated X revealed X. X-rays of left X dated X revealed X of the X and X. The X of uncertain X and may be subacute. There was X seen. There were severe degenerative changes of the X. X-rays of right X dated X was unremarkable. An MRI of right X dated X revealed X. There was minimally displaced X of the X and X seen. There was minimally displaced X of the X of the X present. There was minimally displaced X of the X of the X seen. There was also X of the medial and lateral compartments present. An MRI of left X dated X revealed minimally displaced X. There was moderate X present. There was a small X of the X, superimposed on moderate-to-severe X. There was X present. There was moderate-to-severe X present. Treatment to date included left X, left X injection, X to the right X, right X medial X, X, X program, aquatic X, medication (X, X, X, X), rest, and work restriction. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. Based on the clinical information provided, the request for X Program is not recommended as medically necessary. There are no X records submitted for review with documentation of improvement followed by X. It is unclear if the patient has a job to return to at this time. There is no documentation of a specific defined return-to work goal or job plan has been established, communicated, and documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines." On X, Dr. X wrote an appeal letter for denial for X. Per a reconsideration / utilization review adverse determination letter dated X by X, DC, the request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based peer reviewed guidelines referenced below, this request is non-certified. The claimant does not meet medical necessity regarding both X and X (documentation of work status and X with improvement followed by X) and therefore, medical necessity is not met for entrance into the X program." "According to ODG, the requesting doctor failed to address X, which states the documentation of work status after injury, including X prior to first seeing claimant on X, prior to X on X and X until present. There is no evidence if work accommodations are available at the claimant's job. The requesting provider also X to address X, which states a need to document an improvement with X,

followed by a X. After reviewing all 42 documented X visits, it was concluded that notes were X and X, without documentation of increase of functional capacity or improvement of subjective or objective findings. There is also no evidence of a X and medical visits indicate a varying degree and inconsistency of findings. Of note, the provider documented "unchanged" in symptoms on several visits including on the dates of X, X, X, X, X and X. On X, there is reports of somewhat improvement of the right X, which again indicates no evidence of a X. Therefore, based on this criteria, medical necessity is not met." The request for X and X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. Based on the clinical information provided, the request for X Program is not recommended as medically necessary. There are no X submitted for review with documentation of improvement followed by X. It is unclear if the patient has a job to return to at this time. There is no documentation of a specific defined return-to work goal or job plan has been established, communicated, and documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines." Per a reconsideration / utilization review adverse determination letter dated X by X, DC, the request for X Program was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based peer reviewed guidelines referenced below, this request is non-certified. The claimant does not meet medical necessity regarding both X and X (documentation of work status and X with improvement followed by X) and therefore, medical necessity is not met for entrance into the X program." "According to ODG, the requesting doctor failed to address X, which states the documentation of work status after injury, including work status prior to first seeing claimant on X, prior to X on X and after knee X until present. There is no evidence if work accommodations are available at the claimant's job. The requesting provider also failed to address X, which states a need to document an improvement with X, followed by a X. After reviewing all 42 documented X visits, it was concluded that notes were vague and repetitive, without documentation of increase of functional capacity or improvement of subjective or objective findings. There is also no evidence of a X and medical visits indicate a varying degree and inconsistency of findings. Of note,

the provider documented "unchanged" in symptoms on several visits including on the dates of X, X, X, X, X and X. On X, there is reports of somewhat improvement of the right X, which again indicates no evidence of a X. Therefore, based on this criteria, medical necessity is not met." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Despite extensive treatment to date, the patient is only capable of functioning at X demand level. The submitted clinical records fail to provide documentation of an X of X with improvement followed by X as required by ODG. It is unclear when the patient last worked or attempted to return to work in any capacity. Recommend non-certification. X and 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:

The request for X and X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. Based on the clinical information provided, the request for X Program is not recommended as medically necessary. There are no X records submitted for review with documentation of improvement followed by X. It is unclear if the patient has a job to return to at this time. There is no documentation of a specific defined X or X has been established, communicated, and documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines." Per a reconsideration / utilization review adverse determination letter dated X by X, DC, the request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based peer reviewed guidelines referenced below, this request is non-certified. The claimant does not meet medical necessity regarding both X and X (documentation of work status and X with improvement followed by X) and therefore, medical necessity is not met for entrance into the X program." "According to ODG, the requesting doctor failed to address X, which states the documentation of work status after injury, including work status prior to first seeing claimant on X, prior to X on X

and after X until present. There is no evidence if work accommodations are available at the claimant's job. The requesting provider also failed to address X, which states a need to document an improvement with X, followed by a X. After reviewing all 42 documented X visits, it was concluded that notes were vague and repetitive, without documentation of increase of functional capacity or improvement of subjective or objective findings. There is also no evidence of a X and medical visits indicate a varying degree and inconsistency of findings. Of note, the provider documented "unchanged" in symptoms on several visits including on the dates of X, X, X, X, X and X. On X, there is reports of somewhat improvement of the right X, which again indicates no evidence of a X. Therefore, based on this criteria, medical necessity is not met." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Despite extensive treatment to date, the patient is only capable of functioning at the sedentary to sedentary-light physical demand level. The submitted clinical records fail to provide documentation of an adequate course of X with improvement followed by X as required by ODG. It is unclear when the patient last worked or attempted to return to work in any capacity. Recommend non-certification. X and 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
- 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)