

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now X with a history of an X from X. X from X revealed evidence of X.

A clinical note dated X reported the claimant underwent X. The provider indicated that the claimant was X. X examination of the X noted X. The provider indicated that the claimant did not have to X, but X. It was noted that the claimant was X. The provider noted X. The provider recommended X. The provider noted that the claimant stated X.

On X, the request for X were denied given lack of X. The request was again denied on X as X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: Official Disability Guidelines (ODG) states that X.

In this case, the claimant did have X; however, X. The claimant is now approximately X and recent physical exam did not demonstrate X. The provider's note indicated that the claimant was informed there was a lack of medical need to X. The documentation submitted for review has not established medical necessity for the proposed X. As such, the request for X is non-certified.

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 X
- 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:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

ATTESTATIONS:

This case was reviewed by a health care provider licensed to practice in Texas, if required by applicable law, and is of the appropriate specialty.

As an officer of ProPeer Resources, LLC, I certify that:

X

The clinical reviewer states the following:

- X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

X