Clear Resolutions Inc.

Notice of Independent Review Decision

Case Number:X Date of Notice: X

Clear Resolutions Inc.
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Notice of Independent Review Decision
Amendment X

IRO REVIEWER REPORT
Date: X
IRO CASE #: 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

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who sustained an injury on X. X reported X fell at work. The diagnoses included contusion of right X, right X, and right X. On X, X visited X, MD for right X and left X. X was doing X. It was noted that roughly X. X had completed X as of X. X reported that X continued to X. X complained of right X. X also complained of right- X. On examination, there was X noted along the anterior and lateral surfaces of the right X. X of the X was within X with right X. There was increased X thoracic X. X X was slightly antalgic with decreased late stance phase on the right with decreased right X. Cervical X examination showed limited X. X was within X. X was limited by X. X were limited by X. Thoracic X was limited by X. Lumbar X were within X. Right X was diminished by X. It was noted that X was making X. On X, X reported X was X. X had resultant difficulty with X the right X without pain symptoms into the right X. X endorsed right X. X therapy was recommended. On X, X reported X felt like X was “crooked” with X right X was rotated forwards and left X was rotated forward. X noticed X right X. On X, X reported that X right X continued to be X. X reported X experienced some posterior right X. X stated X right X, X, and X fingers got X. X complained of pain around right X, which X. It got improved with X. X rated pain in the right X and X. On examination, X of the X was within X on X, but there was X with right X. X was X. It was opined that X would benefit from continued care at the time as X. It was anticipated that the reported pain symptoms to continue X as X had been X. X would benefit from continued X. Per the peer review by X, MD on X, the request for X was non-certified. Rationale: “This is non-authorized. The request for X is not medically necessary. The request for X is not medically necessary. The injured worker has X. Here, it is unclear why the injured worker is X. Clear goals of further care have X. The injured worker's X. Therefore, the request is not medically necessary. ”Per the peer review by X, DO on X, the request for X was non-certified. Rationale: “'This is non-authorized. The request for Appeal X is not medically necessary. Request was for an appeal regarding non-

certification of X. The reviewer at that time stated that X. The injured worker X. Updated X note on X stated that X and then was a pain in the right X. On examination, there was still X in the right X, but the X. In regards to the requested X therapy, as stated in the guidelines, X. ODG guidelines X. Guidelines indicate that for X. Guidelines recommend that X. The most commonly used active treatment modality is X. In this case, the clinical summary states that prior treatments include X note on X with limited X. It is recommended that therapy should be X. In this, case, it is unclear what extraordinary circumstances exist in which it would be necessary for the injured worker to have X. It is unclear the injured worker X. Therefore, the request for Appeal .X is not medically necessary. ”Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per the peer review by X , MD on X, the request for X .was non-certified. Rationale: “This is non-authorized. The request for X is not medically necessary. The request for X is not medically necessary. The injured worker has X. ODG further stipulates that the X. Here, it is unclear why the injured worker is X. Clear goals X. The injured worker's X. Therefore, the request is not medically necessary.” Per the peer review by X, DO on X, the request for X was non-certified. Rationale: “'This is non-authorized. The request for Appeal X is not medically necessary. Request was for an appeal regarding non-certification of X on X. The reviewer at that time stated that X. The injured worker X. Updated X note on X stated that X were completed and then was a pain in the right X rated X and X. On examination, there was still X in the right X , but the X had X. In regards to the requested , as stated in the guidelines, physical medicine is recommended and that X. ODG guidelines allow for X. Guidelines indicate that for X. Guidelines recommend that X should be X. The most commonly used active treatment modality is X, but other X. In this case, the clinical summary states that prior treatments include X. It is recommended that X. In this, case, it is unclear what X. It is unclear the injured worker X. Therefore, the request for Appeal . X is not medically necessary.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The request for X. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted.

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There are X. The patient has X. The X is not medical 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 the peer review by X, MD on X, the request for X was non-certified. Rationale: “This is non-authorized. The request for X is not medically necessary. The request for X is not medically necessary. The injured worker has X. ODG further stipulates that the X. Here, it is unclear why the injured worker is X. Clear goals of X. The injured worker's X. Therefore, the request is not medically necessary.” Per the peer review by X, DO on X, the request for X was non-certified. Rationale: “'This is non-authorized. The request for Appeal X is not medically necessary. Request was for an appeal regarding non-certification of X on X. The reviewer at that time stated that X. The injured worker X. Updated X note on X stated that X. On examination, there was X in the right X, but the X had X. In regards to the requested X. ODG guidelines allow for X. The most commonly used active treatment modality is X. In this case, the clinical summary states that prior treatments include X note on X with X. It is recommended that X. In this, case, it is unclear what X. It is unclear the injured worker X. Therefore, the request for Appeal . X is not medically necessary.” There is X, and the previous non-certifications are upheld. The request for X. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are X. The patient has X. The X is not medical necessary and non certified Upheld

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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)