

**CPC Solutions**  
**An Independent Review Organization**  
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***Notice of Independent Review Decision***

***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

X

***Description of the service or services in dispute:***

X

***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)

***Information Provided to the IRO for Review:***

X

### ***Patient Clinical History (Summary)***

The patient is a X whose date of injury is X. The mechanism of injury is a X. X spent X weeks in the X. Office visit note dated X indicates that the patient states that X released X in X. Patient states that X has never done X. X also complains of X. Office visit note dated X indicates that X is X the following day. Note dated X indicates that X underwent X. X had a wage placed in the in the X. Note dated X indicates that X is waiting for more X. It is reported that previous X. Office visit note dated X indicates X complains of some X. Subjective complaints are X. Physical examination revealed X. X note dated X indicates that the patient sustained a X. Patient presents to X. Noted X. Performed X. Unable to perform X. These impairments are impacting patients' ability to ambulate, stair negotiation, balance, and work. Patient will benefit from skilled physical therapy to improve LE functional strength and stability. Note dated X indicates chief complaint is X. Pain is X. Current medications are X. On the exam there is a X. There is X to the right calf. X are X. There is a X. Assessment notes X. Note dated X indicates pain is X. Exam is unchanged.

### ***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 referral to X is not recommended as medically necessary. The initial request was non-certified

## ***CPC Solutions***

### ***Notice of Independent Review Decision***

***Case Number:***

***Date of Notice:***

Noting that, “Given the X DOI, and that prior treatments have not been documented, it is not clear if the patient previously attempted X. Also, there is no evidence of any improvements, and no documentation of the number of X.” The denial was upheld on appeal noting that, “In this case, the clinical summary states that prior treatments include an unknown amount of X. Additionally, the provider did not specify X. Also, it is unclear why additional X have been requested which exceed guideline recommendations. Given the length of time since DOI, it is unclear why the claimant cannot be directed to X.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no information provided regarding X. There are no serial X records submitted for review with documentation of progress. The request is nonspecific and open ended. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Internal 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)