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IRO Certificate No: X

Notice of Workers' Compensation
Independent Review Decision

Date of Notice: **X**

TX IRO Case #: **X**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X.

PATIENT CLINICAL HISTORY [SUMMARY]:
This is a case of a X(DOB:X) X who was injured on X job on X. X and a X. The patient was on the X. The machine fell onto X causing injury to X back and right knee. X has been treated with X.

The patient had a X on X for right knee painful X.

During the office visit on X, the X were removed replaced with X. X reported intermittent pain and reported occasional pain with colder weather and activity.

The patient was seen on X for X performed on X. X was enrolled in X. During the X, X was noted with some pain.

According to the Physical Performance Evaluation on X, the patient had reached a X.

propeer since the beginning.
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A Mental Health Assessment on X was done and a X day session of X was recommended. X reported feelings of X. X scored a X on the Beck Depression Inventory indicating X. The score increased from the X. On Beck Anxiety Inventory, X scored X indicating X. X slight increase in score may be attributed to activity level of X. The patient scored a medium score of X. The pain was rated X on average and ranging between X.

On X, a notice of an Initial Adverse Determination was sent for the treatment plan requested for X. A peer-to-peer telephone conference was held with the requesting doctor. It was determined that the patient already had approval for X. The physical demand level was X. After completion, the X. The patient also had approval for X. The patient has had X. The mental health evaluation from X indicates worsened scores regarding X. Based on the patient's minimal improvement with similar treatment, X is not established as medically appropriate.

A notice of an Appeal Adverse Determination was sent on X. The services requested were determined to be not medically necessary or appropriate for the patient. The services were denied due to a X is medically warranted for X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for X was non- certified on X. A peer-to-peer telephone conference took place with the requesting provider. X already had X. The patient underwent a physical performance evaluation on X and it was noted that the occupation’s job demand was the medium physical demand level while the patient was currently performing at a light physical demand level. It was noted that X completed X. X had reached a X. X had not returned to work.

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A mental health evaluation was completed on X and it was noted that X continued to X. X reported feelings of X. It was felt that the patient was an appropriate candidate for a X.

An appeal adverse determination was sent on X, and it was decided that the services or treatments requested are not medically appropriate for the patient.

Based on the review of all the medical information received. The patient had a X that was certified on X. It was noted that X had some indication of significant improvement. And on X, the patient X. During the physical performance evaluation on X, it was determined that X had reached a X. The mental health evaluation from X indicates worsened scores regarding X.

For this review, there was no new clinical information received that will substantiate the need for the X. The patient has done X. The ODG, recommends a X. As such, the denied X and is not medically necessary.

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 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
- ☐ Presley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance & Practice

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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

- X

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

X.