

Envoy Medical Systems, LP
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Certificate #X

PH:

FAX:

IRO

Notice of Independent Review Decision

DATE OF REVIEW: X

IRO CASE NO. X

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:

Upheld (Agree) X

Overtured (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY SUMMARY

Request for X, has been denied as medically unnecessary for this patient, X. The denial was based on lack of documentation proving X.

Document dated X, Adverse Determination Review for TWCC, generated by X, MD, request for X, was denied, based on lack of documentation X.

Appeal/Reconsideration Utilization Review TWCC, dated X, submitted by X, DO, states many more procedures of the left ring and little finger are denied based on lack of documentation, a X.

Encounter note generated by X, MD, dated X, stated upon examination patient presents with swollen left hand, pain, discoloration of the hand and details X injuries to the hand in X. X had X to touch. On exam X was noted to have X,

PATIENT CLINICAL HISTORY SUMMARY (continuation)

X. X was also noted to have X. X.

It was recommended X undergo X. Operative report dated X performed by Dr. X documents the procedure performed: X.

Next followup visit with Dr. X,X. At that time patient stated X was doing well. X exam showed no evidence of X. It was recommended X start X.

Next followup visit with Dr. X, X documents X. Note states that X has been going to X.

Examination shows well X.

It was recommended that patient continue with X.

Encounter note generated by Dr. X,X. Note states that patient is continuing X. Note states X has X. Examination shows X was noted. X also noted. Patient had X. X was unable to make a X.

It was recommended that the patient X.

The only therapy notes available were from X.

Summary of events: This X sustained a X. X than underwent a third procedure by Dr. X on X left hand in X. Note states X went to X but notes were not available. The last note states X continues to have X.

Opinion: I AGREE with the benefit company's decision to deny the requested service(s).

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

Rationale: I do not find in the doctor's notes actual measurements of patient's X . I also do not see x notes.

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

(continuation)

The requested service(s) “x , are not medically necessary for this patient”.

DESCRIPTION AND SOURCE OF THE SCREENING
CRITERIA OR OTHER CLINICAL BASIS USED TO
MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL
& ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH
& QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION
POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF
CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)