

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

Date of Notice: X **Amended Date:** X

TX IRO Case #: X

**This document contains important information that you should
retain for your records.**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1)X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a X diagnosed with a displaced fracture of the navicular (scaphoid) on the right foot, a displaced fracture of the fifth metatarsal bone of the right foot, and pain in the right ankle and joints of the right foot. The visit note dated X stated the claimant was seen for a follow-up. The report stated the patient was injured when X fell X. The patient landed on X right foot suffering the injuries. The patient was instructed to X. The patient utilized X. By X, the patient reported X improvement. As of X, the patient continued to have X. The patient continued to X. As of X, the patient was X weeks status post injury. The patient continues to use the X. The patient started X. The patient reported X improvement. At the time of the visit on X, X was X weeks status post injury and claimed that the foot had gotten a lot better.

The patient reported X. The patient wanted to request another month of treatment and continued to have X. The patient was taking X. There was X. The patient was recommended to continue with X current medication regimen and follow-up in X weeks.

The patient received a notice of adverse determination regarding an X. It was determined that the X request did not meet established standards of medical necessity. The peer review report stated that the guidelines support X sessions of X.

The patient continued with therapy as of X for visit #X. X returned after being sick with X. X had spent a large portion of the past couple of weeks on X. The pain was mostly along the fifth ray. Objectively, x-rays noted X. The patient's X was within functional limits with X. X in the right ankle and foot were slightly improved at X. X had a mildly X. The assessment stated the patient was doing better after X recent illness but was not back to X yet. The patient needed to work on functional X. The patient was awaiting approval for X. The patient received a notice of adverse determination on X which stated that the patient completed X. There were no significant deficits remaining which would warrant X. This review pertains to the denied X visits for the right foot.

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

The Official Disability Guidelines support X. The documentation provided for the review stated the patient completed X. The visit note stated X and X did not identify any significant functional deficits that cannot be addressed within the X. The request for X exceeds guideline recommendations for treatment. Despite the patient having a recent illness, this should not have affected the

right foot and ankle to justify additional X. In accordance with the previous determinations, the X were not medically necessary for this patient.

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 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)