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Notice of Independent Review Decision
Amendment X

IRO REVIEWER REPORT

Date: ; Amendment

IRO CASE #:

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:

☐ Overturned Disagree

☐ Partially Overtuned Agree in part/Disagree in part

☒ Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL XTORY [SUMMARY]: Patient Clinical history (Summary)X is a X who sustained an injury on X. At work, a X. The diagnoses included complete traumatic metacarpophalangeal amputation of unspecified, stiffness of right hand, right hand effusion, and pain in joints of right hand. On X, X, PA saw X for right index finger pain. X complained of X. The pain was aggravated by X. X attended the X X with X, OT on X. X reported at work X. After the injury, X went to the ER where X underwent X. After that, X on X. X rated X pain at the time of visit X and X at night. X job required X to lift X pounds, X. X reported moderate difficulties with X. X noted severe X. X was unable to use right hand to bathe, cut, any force on the hand, and the limited the use of X hand in activities of daily living. X noted moderate difficulties sleeping. X was unable to work secondary to dysfunction. X score was X; X. X score was X. The active X of the right index finger was flexion X degrees at MCP and X degrees at PIP. X showed MCP and PIP flexion X degrees. X-rays of the right hand on X showed an X. Treatment to date included medications (X /Per the utilization review by X, MD on X, the request for X was non-certified. Rationale: "The claimant is status post (s/p) approval for X sessions with no report regarding the extent of objective measures of functional gains nor current objective measures of functional deficits to support the need of X versus the use of a X. Therefore, X is not medically necessary. "Per the utilization review by X, MD on X, the request for X was non-certified. Rationale: "In this case, the claimant has X. However, there is no documentation of functional improvement with previous X exceeds guidelines. Therefore, the request for X is not medically necessary." Based on the submitted medical records, no new information has been provided which would overturn the previous denials. There continues to be no documentation of functional improvement with the previous X completed. In addition, the requested X exceeds the recommended guidelines. X is not medically necessary and non certified

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

Based on the submitted medical records, no new information has been provided which would overturn the previous denials. There continues to be no documentation of functional improvement with the previous therapy completed. In addition, the X exceeds the recommended guidelines. X is not medically necessary and non certified Upheld

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**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**