

Pure Resolutions LLC
An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 779-3288
Fax: (888) 511-3176
Email: @pureresolutions.com

***Notice of Independent Review Decision
Amendment X***

IRO REVIEWER REPORT

X; Amendment

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTX
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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X. The biomechanics of the injury was not available in the records. The diagnosis was ulnar impaction, status post osteotomy. On X, X,

MD evaluated X for follow-up visit and X. X had persistent pain with a severity rating of 8/10 and associated numbness and tingling in the fifth finger and hypothenar eminence. A scar was noted at the ulnar side of the right forearm which was extremely sensitive. X had chronic pain with evidence of mild sensory neuropathy involving the ulnar nerve. The plan was to continue with X and X, to be X. On examination, X weight was 190 pounds and body mass index (BMI) was 32.73 kg/m². X complained of right wrist pain, especially on the ulnar side. Pulse was normal in all four extremities. There was no clubbing, cyanosis, edema, or deformity noted with normal full range of motion of all joints. There were no neurologic deficits. Cranial nerves II-XII were grossly intact with normal reflexes, coordination, muscle strength and tone. Dr. X recommended continuing X and added X to the medication regimen. Treatment to date included medications (X, X, and X). Per a utilization review adverse determination letter dated X by X, MD, the request for X was noncertified. Rationale: "In this case, the request for X is not considered medically necessary as there is no evidence in the note from the doctor on X as to why the injured worker is on it or if the injured worker has been on it in the past. Therefore, the request for X is noncertified. Weaning may be necessary, it is unclear if the claimant is on X now. If the injured worker is not currently on this medication, weaning is unnecessary. If the injured worker is currently on this medication, weaning is necessary. "An appeal request was made on X for X. Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the appeal request for X was noncertified. Rationale: "In this case, the injured worker has complaints of intermittent aggravation of right wrist and hand. There was pain and numbness, and the injured worker was not able to sleep on account of pain. Exam showed weakness of grip. There was a degree of numbness involving the ulnar nerve. The injured worker has difficulty with jars and knobs and lifting heavy objects. The injured worker is using X. Given there is no documentation of visual analog scale (VAS) scores baseline urine drug screening (UDS), opioid pain contract, and failure of non-opioid medications, the request is not medically necessary. Therefore, the request for X is non-certified. "Thoroughly reviewed provided records including peer reviews. MS. X is being treated for pain issues involving X fifth/pinky finger and X region of X right hand. At issue is continued use of X. While X could potentially benefit from use of X, provider has not supplied documentation in regards to any prior X X had, if the X was effective, why patient is using X and not X or NSAID, or X medications which may have been attempted first. While X has not been demonstrated to be

effective with any X. In any case, X is not a X. It is also unclear if X has tried X. Use of X does not appear warranted based on documentation provided. 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:

X is being treated for pain issues involving X fifth/pinky finger and X of X right hand. At issue is continued use of X. While X could potentially benefit from use of X, provider has not supplied documentation in regards to any prior X, X had, if the X was effective, why patient is using X and not X or X. While X has not been demonstrated to be effective with any X. In any case, X is not a X. It is also unclear if X has tried X. Use of X does not appear warranted based on documentation provided. X is not medically necessary and non certified

Upheld

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTX
CLINICAL BASIS USED TO MAKE THE DECISION:**

- 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
- OTX EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL