

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

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

TX IRO Case #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XA

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a X with a prior history of X. X had an accident with crush injury reported on left wrist on X. The diagnosis was left elbow ulnar nerve X. Left arm weakness was described with decreased sensations in X. Some involvement of left median nerve was also discussed.

The electrodiagnostic study revealed evidence of a x. There was no evidence of X. X is under review.

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

X has been a topic of controversy and review for many years. Even though typically, X. A preoperative decision for either, sometimes may not be the best approach. Clear consensus is not yet available even as newer techniques like endoscopic release are being developed.

Standard of care for X. Only if these fail after a proper trial, then X could be considered.

Based on the documentation provided, the patient has tried X. The documentation does not show a trial of X. As such, the treatment of X is not medically necessary and the prior determination is upheld.

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

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)

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