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***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date: X**

**IRO CASE #: 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:

- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)
- Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X is a X who was injured on X. The mechanism of injury was not provided in given medical records. The diagnoses were deep venous thrombosis of lower extremity and compression of vein. On X, X was seen by X, MD, for a follow-up of deep venous thrombosis. X presented for postoperative follow-up visit. On X, X had X. At the time of visit, X stated that X had a lot of pain in X hip mainly on the left. X had no issues with X right lower extremity. X stated that the swelling in X feet had been off and on. X had been wearing X compression stockings, X stated they did help a little. X would like to know if it was related to the stent placements. X reported varicose of vein of left lower extremity. X broke X ankle earlier in X and was in a cast and developed a deep vein thrombosis (DVT). X had a X. Due to insurance reasons, X was not allowed to come for a follow-up. The pain was aching, throbbing, dull, frequent, and worsening. It was moderate in severity. There was edema present. Aggravating factors included prolonged standing and alleviating factor was elevation. On examination, blood pressure was 144/92 mmHg, weight was 192 pounds and body mass index (BMI) was 32 kg/m<sup>2</sup>. Examination revealed X was comfortable. X was alert and oriented. X showed X. X showed normal X. X was X.

Cardiovascular examination revealed X. Extremities showed X. There were X. There was no joint tenderness or swelling present. Gait was normal. There was X. Skin was warm and dry. On assessment, X was advised to X. Due to the severe amount of edema and pain, X had suspected that X had recurrent stenosis. The treatment plan was to X. Thigh high compression stockings X mmHg was recommended. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was denied. "It has been determined that the healthcare service(s) requested does not meet established standards of medical necessity. "Per a peer review report dated X by X, MD, the request for X was denied. Rationale: "ODG by MCG does not address the request for X. Continuing X. X contributes to the morbidity of X. This activity reviews the evaluation and treatment of patients with X. It highlights the role of the interprofessional team in evaluating and improving care for patients who undergo X." The patient has continued complaints of pain in the left foot. Physical examination revealed below the X. The patient is being recommended for X. However, there is no evidence of pain seen on the examination provided, which results in deficits. Additional information is needed, Thus, medical necessity has not been established. Therefore, the request for X is non-certified." The request for X was denied. Rationale: "The X request is not recommended. Thus, the associated requests are not necessary. Therefore, the request for X is non-certified. "Per a reconsideration / utilization review adverse determination letter dated X, the request for X was denied. As requested, a second contracted physician who was not involved in the original

non-certification has reviewed the original information, supplemented by additional medical records submitted and / or peer discussion(s) with the treating provider. The second physician has upheld our original non-certification. Per a peer review report dated X by unknown provider, the request for X was denied. Rationale: "ODG does not specifically address X. Per NCBI, "The present study demonstrated that X. Also decrease in X. Additionally, X was proven by mid-term follow-up results. Our study findings must be supported by further prospective studies including larger patient numbers and data from more than one center." ODG, does not specifically address X. However, anatomic considerations do not always correlate with patient symptoms. Some patients with X is discouraged. There are many causes of lower extremity edema, and further workup to determine the X is warranted to obtain the best outcomes for the patient" In this case, the patient has a left foot injury and subsequent deep vein thrombosis. The patient reports X is improving, X pain has decreased and X has become more mobile. Conservative treatments appear to be working. They should be continued before surgical intervention. Therefore, the request is not certified. "The requested procedure is not medically necessary. The submitted documentation does not support the requested procedure. The records reflect that conservative treatments are appropriate. There is no worsening symptoms or clinical deterioration by the surgery is warranted. No new information has been provided which will return the previous denials. 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:**

The requested procedure is not medically necessary. The submitted documentation does not support the requested procedure. The records reflect that conservative treatments are appropriate. There is no worsening symptoms or clinical deterioration by the surgery is warranted. No new information has been provided which will return the previous denials. 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)**