

Core 400 LLC
Notice of Independent Review Decision

Core 400 LLC
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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X; Amendment 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

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necessity exists for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X sustained an injury after a motor vehicle accident. The diagnosis was gastrostomy status (Z93.1). On X, X, MD provided a X. The diagnoses were gastrostomy status; dysphagia, oropharyngeal phase; quadriplegia, unspecified; and respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was denied by X, DO. Rationale: "Per the submitted documentation, the request is not warranted. A search of the Official Disability Guidelines, ACOEM, the Genex Clinical Guideline Tools, and PubMed failed to provide recommendations regarding the use of X. Although the claimant presented X. However, modification is not warranted by the jurisdiction. Therefore, the prospective request for X is non-certified. Per the submitted documentation, the request is not warranted. Although there are no specific guideline recommendations, it is reasonable that X is warranted for claimants with X. A X is sufficiently appropriate to assist with the claimant's X. However, modification is not permitted by the jurisdiction. Therefore, the prospective request for X is non-certified. Per the submitted documentation, the request is not warranted. Although there are no specific guideline recommendations, it is reasonable that X is warranted for claimants with X. A X is sufficiently appropriate to assist with the claimant's X. However, modification is not permitted by the jurisdiction. Therefore, the prospective request for X is non-certified." A peer-to-peer call was not successful. Per a reconsideration review letter dated X, the prior denial was upheld by X, MD. Rationale: "The request is not warranted based on the submitted documentation. The claimant was diagnosed with oropharyngeal dysphagia as a result of this condition they had a X. The request is medically necessary based on the claimant's clinical presentation of oropharyngeal dysphagia. However, this request cannot be authorized, as other elements of the treatment plan are not necessary. Moreover, a long-term supply may not align

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with medical best practices that require frequent follow-ups or adjustments in X. For this reason, only, the appeal request for X is non-certified. The request is not warranted based on the submitted documentation. The claimant was diagnosed with oropharyngeal dysphagia as a result of this condition they X. The request is medically necessary based on the claimant's clinical presentation of oropharyngeal dysphagia. However, this request cannot be authorized, as other elements of the treatment plan are not necessary. Moreover, a long-term supply may not align with X. For this reason, only, the appeal request for X is non-certified. The request is not warranted based on the submitted documentation. The claimant was diagnosed with oropharyngeal dysphagia as a result of this condition they had a X. The request is medically necessary based on the claimant's clinical presentation of oropharyngeal dysphagia. However, this request cannot be authorized, as other elements of the treatment plan are not necessary. Moreover, a long-term supply may not align with medical best practices that require frequent follow-ups or adjustments in X. For this reason, only, the appeal request for X is non-certified." A peer-to-peer call was not successful. Based on the review of the provided documentation, the claimant sustained an injury after a motor vehicle accident and is diagnosed with gastronomy status; dysphagia, oropharyngeal phase and quadriplegia. The claimant required was on X. The records indicate X on X. Due to the X is supported. Thus, the requested for X is medically necessary and certified

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

Based on the review of the provided documentation, the claimant sustained an injury after a motor vehicle accident and is diagnosed with gastronomy status; dysphagia, oropharyngeal phase and quadriplegia. The claimant required was on X. The records indicate X. Due to the X. Thus, the requested for X is medically necessary and certified

Overtured

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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)**