

## Notice of Independent Review Decision

**DATE OF REVIEW: 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:

Upheld (Agree)

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

X

**CLINICAL HISTORY [SUMMARY]:**

The claimant's diagnoses include a fracture of the left humerus, treated non-operatively, left femur fracture, muscle weakness, and shoulder pain. An initial physician review of X noted that a prior request was noncertified with the rationale that the Official Disability Guidelines recommends X. The claimant was also noted to have a X. The reviewer noted that the current status as of occupational therapy progress notes of X did not support residual objective deficits to support the need for X. The claimant was noted to have full and pain free active range of motion in both upper

extremities and strength of X and the claimant was X. The reviewer concluded that transition to at home exercise program was appropriate at that time. At that time, Dr. X indicated that the claimant was not being followed post-hospitalization.

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

Per ODG references, the "Request for X" are not necessary for the patient. At this time, no additional clinical information has been provided. No rationale for an appeal has been provided nor has any new clinical information been provided. The prior determination should be upheld. The request should be noncertified.

**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 KNOWLEDGE BASE
- AHCPR- 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 JUDGEMENT, CLINICAL  
EXPERIENCE AND EXPERTISE IN  
ACCORDANCE WITH ACCEPTED MEDICAL  
STANDARDS
- MERCY CENTER CONSENSUS  
CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY  
GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY 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