CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

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

X

Patient Clinical History (Summary)

The patient is a X whose date of injury is X. X sustained X. X dropped a X. X sustained X. X initially had X. Note dated X indicates X has healed burns now. X completed a course in X. EMG/NCV dated X is an X. X has undergone X. Note dated X indicates X presents to discuss getting a X. X has severe X. X is currently using a Rollator but has a history of chronic right shoulder pain and states it is getting worse. A wheelchair would not be helpful as X shoulder pain would not allow X to adequately use this. X daughter lives with X but is not home most of the time. Assessment notes leg pain, bilateral, bilateral leg and foot pain, anxiety and depression, deep partial thickness burn of lower extremity, burn of right leg, second degree, partial thickness burn of right foot, neuropathic pain, ambulatory dysfunction. Operative note dated X indicates X was taken to the OR for X. Progress report dated X indicates that X completed a series of X. X reports some improvement of the texture of the scars, also with pain and itch relief. There are no open wounds. X has a full range of motion of the knees. No contracture. History and physical dated X indicates that X presents for X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The request for X is not recommended as medically necessary and the previous denials are upheld. The initial request was non-certified

noting that there is no documentation that the claimant has no X. The denial was upheld on appeal noting that there is no new documentation provided to overturn the initial determination. There continues to be a lack of supporting documentation on the availability of a X.

There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no current, detailed physical examination submitted for review. There is no detailed ambulatory assessment/evaluation submitted for review. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

X.

A description and the source of the screening criteria or other clinical basis used to make the decision:

☐ ACOEM-America College of Occupational and Environmental Medicine um knowledgebase

☐ AHRQ-Agency for Healthcare Research and Quality Guidelines

☐ DWC-Division of Workers Compensation Policies and Guidelines

☐ European Guidelines for Management of Chronic Low Back Pain

☐ Internal 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 and Treatment Guidelines

☐ Pressley Reed, the Medical Disability Advisor

☐ Texas Guidelines for Chiropractic Quality Assurance and 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)