

**Pure Resolutions LLC**

***Notice of Independent Review Decision***

Case Number: X

Date of Notice: X

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**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

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Upheld                      Agree

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

X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X is a X year-old with a date of injury of X. X sustained an injury from having a X. The diagnosis was traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, sequela (S06.6X9S).

X was seen by X, MD on X for the diagnosis was traumatic subarachnoid hemorrhage with loss of consciousness. On musculoskeletal examination, X was in a wheelchair. Strength was X with right upper extremity, right lower extremity; and X with left upper extremity and left lower extremity. There was increased muscle tone in the right triceps, wrist flexors, quadriceps, and hamstrings. Moderately impaired short-term memory was noted. Cranial nerves were grossly intact. Insight and judgment were poor. The assessment included traumatic subarachnoid hemorrhage with loss of consciousness, and spastic hemiplegia affecting the right dominant side. Per an addendum, X would benefit from a X. X had tried X. X had intact cognition and the ability to use the device. A standard brace was not appropriate for X and this would only prevent deterioration and not improve function.

On X, X completed a letter of medical necessity documenting that X had been a long-term patient with X. X had been followed for a work-related X. As a result of this injury, X had spastic right hemiplegia. X had completed X. X had completed X. X had X. X had trialed a X. It provided

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an improved range of motion in X right arm. It helped X gain functional independence in activities of daily living. X had tried other custom orthotics, which do help reduce X tone and provide good positioning of X hand and arm, but they do not provide the electrical stimulation that allows for X to be able to use X hand and arm functionally. X had intact cognition and the ability to use the device.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "As per guidelines, 'Criteria for the use of X: The patient has X. X does not have an X. X have not been ruled out. Therefore, this request would not be considered medically reasonable and necessary at this time. Recommend non certification for X was unsuccessful. Conversations between the requesting provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review.

An appeal letter was written by X, MD on X and X in regards to denial of X. The X. Dr. X documented references in support of the use of X. Dr. X recommended the use of this device. The X. The X simultaneously moves and supports the X. It thereby restores the lost strength and range of motion, facilitating a safe and functional return to bilateral activities of daily living / Instrumental activities of daily living (IADL) engagement and

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completion.

Per a reconsideration / utilization review adverse determination letter dated X; the prior denial was upheld by X, MD. Rationale: "The Official Disability Guidelines would support the usage of a X. The previous review did not certify this request as usage of a X is not ruled out. This rationale was not addressed in the appeal note dated X. As such, without addressing this specific issue, this request for X is not certified. Peer to peer was unsuccessful. Conversations between the requesting provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review.

Thoroughly reviewed provided records including provider notes and peer reviews.

Patient with X. While patient may potentially benefit from use of a X, it is unclear why a X could not be used instead. X does not appear warranted. 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:**

Thoroughly reviewed provided records including provider notes and peer reviews.

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Patient with X. While patient may potentially benefit from use of a X, it is unclear why a X could not be used instead. X does not appear warranted. 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:**

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

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DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE