CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision

Amended Date: X

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

Patient Clinical History (Summary)

The patient is a X whose date of injury is X. X fell at work and sustained a X. The patient is X on X. Occupational therapy note dated X indicates the patient has completed X. X wrist feels better overall. Finger mobility has improved but X continues to report significant stiffness. X chief complaint is pain and numbness in X thumb. On exam right wrist range of motion is flexion X extension X, UD X, RD X degrees, forearm pronation and supination X degrees. Forearm strength is rated X. Office visit note dated X indicates that pain is improved but still stiff. Digital range of motion is limited. X-rays of the right wrist show X.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. The initial request was non-certified noting that, "ODG by MCG (www.mcg.com/odg) states "X. X." Within the associated medical file, there is documentation that the patient sustained X on X. In addition, there is documentation that the patient had prior X. However, there is documentation that the patient had X. In addition, there is documentation that the patient had X. As such, there is no clear documentation of remaining functional deficits and functional goals, as well as a rationale identifying the medical necessity of continued X." The denial was upheld on appeal noting that, "there remains documentation that the patient had at least X. In addition, there remains documentation that the patient had X. There remains no clear documentation of X. As such, the previous adverse

determination's concerns have not been addressed." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has X. Current evidence based guidelines support up to X. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. The patient has completed 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)