Independent Resolutions Inc.
An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (682) 238-4977
Fax: (888) 299-0415
Email: @independentresolutions.com

Notice of Independent Review Decision

Amendment X

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

Pure Resolutions LLC

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X-year-old X who was injured on X. X was working as a X when X got out of the chair and noted a pop in X knee. The diagnosis was pain in left knee (X).

X was seen by X, DO on X and X. On X, X continued to do well with X. The symptoms were recently exacerbated with increased activities. For X, X wanted to proceed with the X. X offered X excellent relief for exacerbation of complex regional pain syndrome (CRPS) of the left knee. The X. X continued to have X, and wanted to go with the X. The pain affected X sleep. At the time, X noted pain with passive range of motion, and X to light touch. Treatment plan was to proceed with X. On X, X presented for a follow-up. With the assistance of X representative, they were able to give X at least X. X was getting excellent coverage for X left knee pain. X was more functional and more active. X was enjoying X retirement. X medicine usage as a result had come down to just two times a day on the X. X was asked to not use X as it could lead to dementia over long-term use. At the time, X had a good range of motion and minimal tenderness in the left knee.

X-rays of the left knee dated X showed X were noted. There were severe X. Thoracolumbar x-rays dated X showed a X. Visualized X were

maintained. There was an X.

Treatment to date included X.

Per a utilization review determination letter and peer review dated X, the request for X was denied by X, MD. Rationale: “In this case, the patient’s left X has offered excellent relief for the exacerbation of complex regional pain syndrome (CRPS) of the left knee. It decreased sensitivity and improved the individual’s function. The patient continues with medications. The patient’s X. The plan was for a X. As of X, the patient is getting excellent coverage for the left knee pain. The patient is more functional and more active. The patient has decreased X. Given the pain has significantly improved, the patient’s medication intake decreased with the X, the request is not medically necessary at this time. Therefore, the request for the X is non-certified.

Per a reconsideration letter dated X and peer review dated by X, MD, the prior denial was upheld. Rationale: “Per Official Disability Guidelines, Pain Chapter, Online Version, (Updated X), X, "Not recommended based on a lack of quality studies. Since X has been widely performed, despite lack of evidence of effectiveness, other more proven treatment strategies like cognitive behavioral therapy and motion exercises should be preferentially instituted. X are also not recommended. X may only be considered as a last option for limited, select cases with a diagnosis of sympathetically mediated pain and as a therapeutic adjunct to facilitate physical therapy/ functional restoration. (6) In the therapeutic phase X should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of

activity and touch (decreased allodynia) is documented to permit participation in physical therapy / occupational therapy. X are not a stand-alone treatment. (7) There should be evidence that active physical or occupational therapy is incorporated with the duration of symptom relief of the X during the therapeutic phase." In this case, recent examination of the claimant reported no findings of CRPS on examination. The claimant stated experiencing excellent pain relief from the X. There is no report regarding the duration of pain relief and objective evidence of pain relief from the X. There is no report of maximizing first line agents for suspected neuropathic pain with neuropathic oral medications. There is no report regarding claimant utilizing a daily home exercise program to maximize conservative care. Thus, the request is not certified."

Thoroughly reviewed provided records including provider notes and peer reviews.

Noted that patient had prior success with X. However, unclear why X is necessary as pain is well controlled based on provider notes. No clear indication noted on latest progress notes for repeat procedure as well. 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.

Noted that patient had prior success with X. However, unclear why X is necessary as pain is well controlled based on provider notes. No clear indication noted on latest progress notes for repeat procedure as well. X is not medically necessary and non-certified

Upheld

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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

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE