

Independent Review Organization (IRO) Notice of Decision Template- WC

Physio Solutions LLC

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Notice of Independent Review Decision

IRO Reviewer Report X

IRO Case number: TX X

Description of the services in dispute:

X

Description of the qualifications for each physician or 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)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

X.

Information provided to the IRO for review:

X

Patient clinical history

X, date of birth X, is a X diagnosed with brachial plexus lesion (thoracic outlet syndrome) and seeking coverage for X. The mechanism of injury is described as repetitive work duties. Treatment to date is noted to include X. A note

dated X indicates that they recommend a X. The Physical Therapy (PT) evaluation dated X indicates that X complains of shooting pain to X bilateral forearms secondary to TOC that has been present for years. On physical examination sensation is intact.

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

The request for X is not recommended as medically necessary. The submitted clinical records indicate that the claimant had X. The request for X would exceed the Official Disability Guidelines. When treatment duration and/or number of visits exceeds the Official Disability Guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

Description and source of the screening criteria or other clinical basis used to make the decision

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and Quality Guidelines
- DWC- Division of Workers Compensation Policies or Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- InterQual 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 & Treatment Guidelines

- Presley 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)

Jones, Mark R., et al. "Thoracic outlet syndrome: a comprehensive review of pathophysiology, diagnosis, and treatment." *Pain and therapy* 8 (2019): 5-18.
- Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide A Descriptio