

True Resolutions Inc.
Notice of Independent Review Decision

True Resolutions Inc.
An Independent Review Organization
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IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

**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

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previous adverse determination/adverse determinations should be:

Overturned Disagree

Partially Overturned Agree in part/Disagree in part

Upheld Agree

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X while working in X. It also resulted in X suffering from posttraumatic stress disorder (PTSD) from this event. The diagnosis was contusion of neck.

Per the physical therapy note dated X, by X, PT, X reported X continued to experience increased neck pain. X stated X was doing better when X was coming to physical therapy but was unable to come recently due to other issues X had ongoing. X reported X pain got worse due to not coming to physical therapy consistently. Examination noted X. Manual muscle testing showed X. There was insufficient X. X was noted. Increased X was noted with X. Joint mobility showed X. Mobility was very restricted due to increased irritability. Palpation revealed X. There was tenderness to palpation noted along the X. Neck Disability Index was X. The assessment was contusion of neck. It was noted that X had X. X continued to demonstrate significant limitations with X

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cervical mobility, weakness, and increased pain. X continued pain, impaired mobility, and strength deficits were affecting X performance of activities of daily living ADLs / instrumental activities of daily living (IADLs) without compensations. X was getting some pain relief when coming to physical therapy but had been unable to attend X sessions consistently due to other ongoing issues. X remaining at the time but did require authorization. It was recommended that X continue with X remaining X visits in order to continue to address X deficits. X would continue to be progressed with each treatment session. On X, X presented to X, MD, for neck pain. X returned to the clinic for continuity of care. X continued on X as well as X as needed. X psychiatrist was working on getting X. X stated X had an infection in X back and went to the emergency room where X was given X. X continued to experience cervical pain as well as nerve pain extending up the face. X was otherwise in X usual state of health and denied further complaints at the time. On examination, the neck revealed X. The cervical spine showed X. The diagnosis was contusion of neck. The X was increased. The plan was to repeat X previous X.

No recent imaging studies were documented.

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Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was non-certified by X, MD. Rationale: "Per ODG, "Contusion of neck or upper back: X. " In this case, the patient complains of neck pain. Physical examination shows X. The patient has X. However, the requested number of X exceed guidelines. Therefore, the request for X is not certified."

Per a reconsideration review adverse determination letter dated X, the appeal request for continue X was denied. It was noted that on X, X presented to X, PT for physical therapy. X reported increased neck pain and stated X was doing better when X was coming to physical therapy but was unable to come recently. Physical examination revealed X. X had completed X. X continued to demonstrate significant limitations with X cervical mobility, weakness, and increased pain. X was having some pain relief when X was attending X. X had X remaining at the time. Per the peer review report dated X, a request for X was denied as the requested number of sessions exceeds guideline recommendations. The prior denial was upheld

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with the following clinical rationale: "Per ODG, "Contusion of neck or upper back: X. " In this case, the claimant reported increased neck pain. X states that X was doing better when X was coming to X but was unable to come recently. Physical examination revealed X. The claimant has X. X continues to demonstrate significant limitations with X cervical mobility, weakness, and increased pain. X was having some pain relief when X was attending X. X was not able to X due to health concerns. The claimant has X. Therefore, this request is not certified."

The requested X is not medically necessary. The date of injury was on X. The record reflect that the patient had already X. The patient should be well versed on a X. The X is not supported by the associated records and the associated guidelines. No new information has been provided which would overturn the previous denials. 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:**

The requested X is not medically necessary. The date of injury was on X. The record reflect that the patient had

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already X. The patient should be well versed on a X. The X is not supported by the associated records and the associated guidelines. No new information has been provided which would overturn the previous denials. X is not medically necessary and non-certified.

Non-Certified

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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

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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