

P-IRO Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 779-3287
Fax: (888) 350-0169
Email: @p-iro.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

P-IRO Inc

Notice of Independent Review Decision

Case Number: X

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

· X.

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X. The mechanism of injury was not available in the provided medical records.

Per a utilization review adverse determination letter dated X by X, PhD, the request for X was denied. Rationale: “The claimant is X with a date of injury of X. The provider has submitted a prospective request for X. This is a re-review of review X, which was non-certified on X. A phone conversation was held with X. Spoke with the provider and stated that the claimant had X. A X scale was X). The claimant has X. After speaking with the provider, the previous determination stands, in my opinion. The claimant has X. A prior request for X was non-certified on X, as the requested quantity of X. Per the successful peer-to-peer call, the provider stated that the claimant had X. A X scale was X). The claimant has X. After speaking with the provider, the previous determination stands, in my opinion. The claimant has X. Based on the submitted document, the claimant sustained an injury from a X. The current work status was undisclosed. They were diagnosed with adjustment disorder. The prior treatments were X. Per the progress report submitted by X, Ed.D., dated X, the claimant sustained X. On examination, there were findings of X. Regarding X, the Official Disability Guidelines recommend up to X. The cited guideline recommends up to X. In this case, the request for X. Hence, the prospective X is non-certified.”

Per a reconsideration review adverse determination letter dated X by X, PsyD, the request for X was denied. Rationale: “The claimant is X with a date of injury of X. The provider has submitted a X. This is an appeal to review X, which was non-certified by X, Ph.D. on X. A phone call to the office of X, Ed.D., at X was

P-IRO Inc

Notice of Independent Review Decision

Case Number: X

X

attempted on X to discuss the requested care. The provider was unavailable; therefore, a general voicemail was left which included relevant contact information and schedule. A phone call to the office of X, Ed.D., at X was attempted on X to discuss the requested care. The provider was unavailable; therefore, a general voicemail was left which included relevant contact information and schedule. No return phone call was received prior to the completion of this review. The prior non-certification in review X was based on the fact that the requested X. The provider, X, Ed.D., submitted an appeal letter on X describing that the claimant was X during the initial evaluation and inpatient follow-up. At that time, Dr. X was concerned about the fact that the X. X, etc., which developed post-discharge, went untreated and as a result claimant recovery was seriously compromised. Dr. X thought that if a X. Their approach was to X. To prevent a claimant from X. Dr. X ordered X. Since in many instances, X did not appear at the onset of an ICU admission, early contact and consistent follow-ups were required. Many factors contributed to the delay of symptoms onset including X. It was not unusual for patients to develop X. The treatment X. This approach had been beneficial to insurers in that early identification of symptoms after admission lessened the length of treatment. The sooner symptoms were identified and treated, the faster and better the treatment outcomes. Moreover, if a therapist was engaged at the inpatient stage if symptoms emerged, it was natural for a claimant to seek outpatient services from the same therapist. As a result, continuity of care would be maintained. Per a review of records, the claimant sustained an injury due to a X. They were diagnosed with adjustment disorder. Their current work status was undisclosed. Attempted treatments included X. According to the progress report submitted by X, Ed.D., dated X, the claimant sustained X. They were evaluated for X. Handwritten notes were identified by Dr. X who could X. There were some indications of trouble sleeping but responding well to X. The provider is appealing the prior determination at this time. Regarding X. Based on the records, the claimant was diagnosed with adjustment disorder. They had X. The provider noted that the claimant had no symptoms during the initial evaluation and inpatient follow-up. They had developed a model of X. The claimant has no

P-IRO Inc

Notice of Independent Review Decision

Case Number: X

X

identified X. Handwritten notes were identified by Dr. X who could X. There were some indications of trouble sleeping but responding well to X. The claimant's current clinical picture is not sufficient for a diagnosis of X. As there was X, the requested treatment cannot be authorized. Therefore, the prospective request for X is non-certified."

The Official Disability Guidelines for X.

According to the provided medical documentation, the claimant has X. The provided documentation indicates that the treatment provider has stated that the claimant has X. Such reports are also supported by the absence of symptoms on X. Treatment is based upon diagnosis. The absence of X. Consequently, the request for X is not consistent with ODG guidelines or professional practices. 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 Official Disability Guidelines for X.

According to the provided medical documentation, the claimant has X. The provided documentation indicates that the treatment provider has stated that the claimant has X. Such reports are also supported by the X. Treatment is based upon diagnosis. The absence of symptoms and functional impairment would preclude any X. Consequently, the request for X is not medically necessary and non-certified.

Upheld

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER

P-IRO Inc

Notice of Independent Review Decision

Case Number: X

X

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