

Core 400 LLC

Notice of Independent Review Decision

Core 400 LLC

An Independent Review Organization

3616 Far West Blvd Ste 117-501 C4

Austin, TX 78731

Phone: (512) 772-2865

Fax: (512) 551-0630

Email: @core400.com

Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 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:

Core 400 LLC

Notice of Independent Review Decision

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)

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

Core 400 LLC

Notice of Independent Review Decision

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured while on X on X / X (unsure of year) when X was involved in a motor vehicle collision (MVC) resulting in X. The diagnosis was other muscle spasm; quadriplegia, C1-C4 incomplete; neuralgia; and mood disorder. On X, X visited X, MD for spasticity management. X had a history of being involved in a motor vehicle collision (MVC) resulting in X. X had X. X was last seen in the clinic in X. X reported developing swelling following X in X left forearm. X had X. X was on X. At the time of discharge from the clinic, X was just with compression bandage and was also recommended to apply ice. X reportedly took X days for the swelling to subside, and X had burning pain for almost X weeks. However, X reported that at the time the pain had completely subsided, and X was back to normal. Regarding spasticity, X continued to have good results after X and ongoing X. X had been reduced. X required X. X also had X. X functional limitations included inability to participate in activities of daily living (ADLs), and impaired gait. X had a history of X. X was on X for neurogenic bowel. The neuropathic pain was stable on X. Mood was stable on X. There were no changes in the mood since the prior clinic visit. X reported some stressors in life but was able to manage mood. X reported some stressors in life but was able to manage mood. X

Core 400 LLC

Notice of Independent Review Decision

reported a history of chronic low back pain but did not want any pain medications. X regularly exercised and was stable at the time. The myofascial pain around the neck and shoulder was stable with dry needling. The motor examination was consistent with left spastic hemiparesis. There was X. Gait examination showed X walked without an ambulatory device. Impaired foot clearance was noted on the left and X caught X toes occasionally while ambulating. The assessment was history of X. The plan was to X. Strengthening of left upper extremity external rotators and supinator and stretching of left upper extremity internal rotators and pronator were discussed and prescription provided. X was recommended to continue the X. X would also benefit from a stretching program. X was continued. Per the Spasticity Procedure Note dated X, X presented a history of X. X presented with the chief complaint of muscle spasm and muscle tightness. X underwent X of the left upper and left upper extremities by DrX. Per a Physical Therapy Progress Note dated X, by X, PT / X, PT, X was seen for the diagnosis of X. X problem list included X. X had a X. X reported X as well as other medical interventions had been effective in managing X symptoms and maintaining functional mobility. X reported feeling relief from symptoms for a few days following each X. Symptoms were primarily in the left upper extremity and left lower extremity but could also be present on the right side. The examination showed a Berg balance scale score of X. Forward neck posture was noted, with forward trunk flexion. Flexion posturing was observed in the left fingers, wrist,

Core 400 LLC

Notice of Independent Review Decision

elbow, and shoulder with the left forearm held in pronation. The left scapula was elevated with mild left pelvic hike. On gait examination, X walked without assistive device with shorter strides with the left leg, unstable on the left stance phase with left pelvis shifting laterally towards the left side. Left swing was initiated mostly by left hip flexors than the left gastro-soleus muscles. X had occasional left foot drag during the left swing phase. X lacked trunk rotations and left arm swing when walking. X had slower left swing phase compared to right swing phase. X also tended to tighten up the left upper extremity muscles with left scapular elevation and left cervical side bend during the left swing phase. Left shoulder active range of motion (AROM) showed flexion X degrees, abduction X degrees, extension X degrees, functional internal rotation reach with inability to reach across, and external rotation in neutral position X degrees. Right shoulder AROM showed flexion, abduction, extension within functional limits; functional internal rotation reaches to X; and external rotation in neutral position X degrees. Left elbow AROM showed extension -X, flexion X degrees, supination X degrees and pronation within functional limits. Right elbow AROM and right wrist AROM were within functional limits. Left wrist AROM showed extension X degrees, flexion X degrees, radial deviation X degrees, and ulnar deviation X degrees. Comments showed that the left upper extremity tended to posture into left flexor pattern while X attempted to move the left arm, and wrist movements recorded as AROM were actually passive range of motion

Core 400 LLC

Notice of Independent Review Decision

(PROM). Strength in the right shoulder showed X flexion, extension, abduction, and external rotation; and X abduction and internal rotation. Left shoulder strength was X in flexion; X in extension, abduction, and external rotation; and X in adduction and internal rotation. Right elbow strength was X throughout. Left elbow strength was X in flexion and extension and X in supination and pronation. Right wrist strength was X in flexion and X in extension. right radial and ulnar deviation strength was not tested. Left wrist strength was X in flexion and ulnar deviation, and X in extension and radial deviation. The right upper dermatomes showed X were normal. Left upper dermatomes showed X; X were diminished to light touch; and X were diminished to sharp / dull. Right upper reflexes showed biceps X normal; triceps and brachioradialis were not tested. Left upper reflexes showed biceps X clonus and triceps and brachioradialis X increased. The MAS scores for spasticity were as follows: left shoulder flexors and extensors X; left shoulder abductors, left elbow flexor, left supinators, and left wrist radial deviators and extensors X; and left finger flexors X. Palpation revealed X. It was assessed that X had been effective in managing X symptoms and maintaining X quality of life. X tended to spasm up every X days requiring X to maintain X mobility. X presented with widespread muscle tightness in the left upper extremity, trunk, and left lower extremity. X was recommended to continue X. Treatment to date included X. Per a utilization review adverse determination letter dated X amended X, the request for X was

Core 400 LLC

Notice of Independent Review Decision

denied by X, DO. Rationale: “The Official Disability Guidelines recommend therapeutic exercise for shoulder, knee and leg conditions when there is functional deficit noted. On X, the claimant was seen for X. The claimant was noted with an X. The claimant sustained a X, muscle spasms in the left upper and lower extremities. The claimant was noted with X. The claimant reported X. The claimant reported feeling relief of symptoms following each therapy session, however the muscle spasms return. On the exam, the claimant walked without assistive device with shortened stride on the left. The claimant was unable to perform the left stance phase with left pelvis shifted laterally towards the left side. Swing initiated mostly by the left hip flexors and the left gastro-soleus muscles. The claimant has occasionally left foot drag during the left swing phase. The claimant lacked left trunk rotation and left arm swing when walking and has slower swing phase on the left compared to the right. The claimant tends to tighten up the left upper extremity muscles with left scapular elevation and cervical side bend during the left swing phase. The left shoulder range of motion was flexion X degrees, extension X degrees, abduction X degrees. The claimant was unable to perform functional internal rotation reach. External rotation was X degrees. Left elbow extension was X, flexion was X degrees, supination X degrees and pronation were within functional limits. The left wrist extension was X degrees, flexion X degrees, radial deviation X degrees and ulnar deviation X degrees. The left upper extremity strength ranges from X- to X.

Core 400 LLC

Notice of Independent Review Decision

There was tenderness in the left latissimus dorsi, left pectoralis major and left upper trapezius. Overall, physical therapy has been effective in managing the claimant's symptoms and maintaining the claimant's quality of life, however the claimant tends to spasm every X days requiring physical therapy intervention to maintain their functional mobility. The claimant presented with widespread muscle tightness in the left upper extremity, trunk and left lower extremity. In this case, the claimant has X. There is no documentation that the claimant has a X. I called and did the review with the X. The claimant has a X. The X is requesting a maintenance stretching program to maintain X motion. After X, the claimant will need to X. X is not approved. As such, the request for X is non authorized. "In a Letter of Medical Necessity dated X, Dr. X wrote that X was a current patient under X care at X. X had sustained a X. X was with residual left side weakness and spasticity in the left upper extremity and left lower extremity at the time. X had deficits of left spastic hemiparesis, gait abnormalities, chronic pain, neuropathic pain, and depression. X had significant improvement with range and spasticity after X; however; X continued to have feelings of tightness on the left side compared to X right side. X would benefit from regular exercise, stretching, and strengthening to decrease spasms, increase range of motion, improve function, improve participation in therapy, and improve independence and ease of caregiving. Per a reconsideration review adverse determination letter dated X, the appeal request

Core 400 LLC

Notice of Independent Review Decision

for X was non-authorized as not medically necessary by X, MD. Rationale: "Official Disability Guidelines (ODG) by MCG Last review/update date: X, X. ODG Criteria ODG X. A peer review did occur. The requested X is not medically necessary. The records reflect that the patient has undergone a significant amount of X. The provider indicated that the patient needs ongoing therapy for stretching to avoid contractures. The patient is doing a home exercise program. However, the patient has already X. Additional sessions are not supported by the guidelines. As such, the requested X is nonauthorized. Thoroughly reviewed provided records including provider notes and peer reviews. Patient with sequelae of SCI for which has chronic spasticity and weakness issues primarily on left upper and left lower extremities. X has been getting X. While the cited guidelines recommend transitioning to X, the cited guidelines pertain to patients with back pain issues, not a X. Given exceeding difficulty to perform these exercises at home without skilled assistance, combined with complications of almost certain to develop flexion contractures if X is not performed, request is warranted. X is medically necessary and 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

Core 400 LLC

Notice of Independent Review Decision

and peer reviews. Patient with X. X has been getting X. While the cited guidelines recommend transitioning to X. Given exceeding difficulty to perform these exercises at home without skilled assistance, combined with complications of almost certain to develop flexion contractures if X is not performed, request is warranted. X is medically necessary and certified.

Overturned

Notice of Independent Review Decision

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & 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
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

Core 400 LLC

Notice of Independent Review Decision

- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**