

P-IRO Inc.
An Independent Review Organization
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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:

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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. The mechanism of injury included as X. The diagnoses were weakness, displaced intraarticular fracture of left calcaneus, subsequent encounter for fracture with routine healing, displaced intraarticular fracture of right calcaneus, subsequent encounter for fracture with routine healing; stiffness of left foot, not elsewhere classified; stiffness of right foot, not elsewhere classified and other abnormalities of gait and mobility.

On X, X was evaluated by X, PT, for X re-evaluation visit for X ongoing complaints due to work-related injury. X reported that X on X resulting in bilateral burst fracture in bilateral calcaneal. X underwent X on X. X went home later that night and completed X. X was discharged from X on X. At the time, X complained of pain on both sides X ankles. X was living in a one story apartment with no steps to enter. X noted independence with all activities of daily living (ADL's) with extra time and effort. X noted X was sleeping through the night. X continued taking X. At the time, X was not working and had no return date. X also complained of low back pain and stiffness. The medical history questionnaire indicated X. Lower Extremity Functional Scale (LEFS) showed percentage of maximum function was X. Orebro Musculoskeletal Questionnaire (OMSQ-X) scoring was X. Ongoing work status included X was limited with extended ADL's and mobility involving walking / standing. X was not using assistive device (AD) for ambulation. It was limited by pain and activity tolerance. X had returned to work; however, X was significantly limited in X duties. X reported that X was primarily driving in the golf cart, picking up light things less than X pounds; was not able to climb ladder, walk distance / carry, navigate uneven surfaces. The walking tolerance was X at a time before needing rest, noting that X walk was still uncomfortable and ginger. X standing tolerance was X minutes before needing rest secondary to pain, often tried to

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shift weight from one foot to the other. X could manage stairs reciprocally for approximately X flight. X attempted a little jog for a few seconds, and since then, X had increased pain through X feet. At the time, X rated pain at best as X and at worst as X. X had been feeling okay in X dally activities, but continued to significantly limited at work. Because of the nature of X tasks, X was mostly limited to the golf cart, driving around maybe picking up light objects, if needed. X was unable to walk / carry for more than X yard before needing to take rest, unable to stand for required time, navigate un even surfaces, climb lasers, and limited in bending and stooping by ankle mobility. Bilateral foot / ankle examination revealed the passive range of motion at left foot dorsiflexion was X degrees, dorsiflexion with knee flexion X degrees, planterflexion X degrees, eversion X degrees, inversion X degrees, calcaneal eversion X degrees, calcaneal inversion X degrees and X extension was X degrees and right foot dorsiflexion was X degrees, dorsiflexion with knee flexion X degrees, planterflexion X degrees, eversion X degrees, inversion X degrees, calcaneal eversion X degrees, calcaneal inversion X degrees and X extension X degrees. The lower extremities strength was X at hip flexion, hip external and internal rotation, knee flexion, ankle eversion and inversion bilaterally and ankle planter flexion was X bilaterally. Soft tissue showed moderately decreased mobility at left ankle. Per the addendum, X was Xand continued to demonstrate significant functional limitations that severely impaired X ability to return to work. X was unable to meet the physical demands of X job, including lifting a minimum of X pounds unassisted, prolonged standing and walking (>X hours), and activities such as stair climbing and ladder use. X also reported ongoing pain and reduced ankle range of motion, which significantly limit X ability to bend, stoop, and carry loads over X pounds. Treatment plan was to X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "The Official Disability Guideline recommends X. in this case, the claimant reports ankle pain. The claimant X on X. On exam, both

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ankles range of motion decreased. bilateral ankle strength X. The claimant had X. However, the request exceeds guideline recommendation. There is no documented significant improvement in function and pain from the X. Partial certification is not allowed in this jurisdiction without case discussion and agreement with the provider. As such the request for X is noncertified.”

Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “The Official Disability Guidelines recommend up to X. X may be indicated when functional progress has been made during initial X, maximum improvement has not yet been attained, and the claimant is actively participating and is adherent to plan of care. A request for X was previously denied as it exceeds the guideline X. In this case, the claimant underwent X on X and have X. They have returned to work but were significantly limited in their duties. Pain was reported. Some improvements in range of motion and strength of both feet / ankles were noted. However, while improvements were noted, the request greatly exceeds the guideline recommendation of only X. Therefore, the request for X is non-certified.”

Per an addendum to re-evaluation visit, dated X completed by X, X, stated that X was X. At the time, X was unable to meet the physical demands of X job, including lifting a minimum of X pounds unassisted, prolonged standing and walking (more than X hours), and activities such as stair climbing and ladder use. X also reported ongoing pain and reduced ankle range of motion, which significantly limit X ability to bend, stoop, and carry loads over X pounds. X ongoing deficits in mobility, strength, and endurance directly prevent X from performing essential job tasks. Without X, X was at risk of permanent functional limitations and delayed return to work, which could further increase long-term medical costs and reduce overall quality of life. X was medically necessary to address X deficits in joint mobility, gait, load tolerance, and task-specific work training. A focused program X was critical to optimize recovery and facilitate safe return to work. Treatment plan was to X.

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Based on the clinical information provided, the request for X is recommended as medically necessary and the previous denials are overturned. Per an addendum to re-evaluation visit, dated X completed by X, X, stated that the patient was X. At the time, X was unable to meet the physical demands of X job, including lifting a minimum of X pounds unassisted, prolonged standing and walking (more than X hours), and activities such as stair climbing and ladder use. X also reported ongoing pain and reduced ankle range of motion, which significantly limit X ability to bend, stoop, and carry loads over X pounds. X ongoing deficits in mobility, strength, and endurance directly prevent X from performing essential job tasks. Without X, X was at risk of permanent functional limitations and delayed return to work, which could further increase long-term medical costs and reduce overall quality of life. X was medically necessary to address X deficits in joint mobility, gait, load tolerance, and task-specific work training. A focused program emphasizing X was critical to optimize recovery and facilitate safe return to work. Treatment plan was to X. Given the additional information and the bilateral fractures, treatment outside guidelines is warranted in this case and the request is certified with an emphasis on instruction in and transition to an X. X is medically necessary and certified

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical information provided, the request for X is recommended as medically necessary and the previous denials are overturned. Per an addendum to re-evaluation visit, dated X completed by X, X, stated that the patient was X. At the time, X was unable to meet the physical demands of X job, including lifting a minimum of X pounds unassisted, prolonged standing and walking (more than X hours), and activities such as stair climbing and ladder use. X also reported ongoing pain and reduced ankle range of motion, which significantly limit X ability to bend, stoop, and carry loads over X pounds. X ongoing deficits in mobility, strength, and endurance directly prevent X from performing essential job tasks. Without X, X was at risk of permanent functional limitations and

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Overtured

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