

IRO Certificate No: X

**Notice of Workers' Compensation Independent  
Review Decision**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

### **PATIENT CLINICAL HISTORY [SUMMARY]:** This case involves a X.

The patient was seen on X who had a X who had an injury on X after X. X complained of pain which was exacerbated with ambulating, stairs, and rising from a seated position. Xray of the pelvis showed X. Tonnis grade X, focal alpha angle was X degrees, and there was X crossover sign. MRI of the right hip demonstrated X. On X, the patient stated that X has completed X which made X symptoms worse. X were recommended. X reported that occasional numbness or tingling, although symptoms have gotten better, X still aches while walking. During the visit on X, a X was recommended. The request was previously denied as the X was not generally recommended.

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

According to the Official Disability Guidelines (ODG),X. X is a technique using X in an attempt to X. With considerable interest in X for treatment of musculoskeletal disorders, particularly athletic injuries, and seeming to be relatively safe and easy to prepare and administer, experimentation has continued in numerous clinical settings, despite little published clinical evidence proving efficacy.

In this case, the request for the X is for the right hip, although studies showed a decrease of pain after X, further larger studies are recommended to determine the safety and effectiveness of X for hip pain or injury. Specialty society practice guideline strongly recommended against X for hip pain or injury. Due the lack of evidence to establish the potential benefits of X for hip pain or

injury, the denial of the X is upheld and is considered not medically necessary.

**SOURCE OF REVIEW CRITERIA:**

- ACOEM – American College of Occupational & Environmental Medicine UM Knowledgebase

- 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
- 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)
- Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide a Description)

**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)

## **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:X**