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## **Notice of Independent Review Decision**

### **IRO Reviewer Report**

**X**

**IRO Case Number: TX X**

**Description of the services in**

**dispute X**

**Description of the qualifications for each physician or health care provider who reviewed the decision**

**X.**

**Review Outcome: 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.

**Information provided to the IRO for**

**review: X**

## **Patient clinical history**

X individual diagnosed with an unspecified sprain of the right wrist and seeking coverage for a X. The claimant sustained a work-related injury on X while X. Right wrist X-ray on X (three or more views) demonstrated X. On X the claimant underwent initial urgent care evaluation documenting X. Diagnoses at that visit included X. On X the claimant returned for follow-up, reporting persistent wrist pain since the injury, continued X. At that visit, the diagnosis was unspecified sprain of the right wrist, subsequent encounter, with treatment including completion of an updated work status form, recommendation to initiate X.

## **Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision**

The request under review, right wrist MRI was denied due to the lack of X. Based on the records, the X is not supported as medically necessary. The claimant clearly has pain localized to the right wrist and a normal/nonspecific X-ray, but the injury is still in the X. Current evidence-based guidelines support X. In this claimant's case, X has not yet been initiated, and only a short period of X; therefore, under these criteria, the requested X is not medically necessary at this time. As such, the previous denials remain upheld.

**Description and source of the screening criteria or other clinical basis used to make the decision**

ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase

AHRQ - Agency for Healthcare Research and

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**

X, 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)