

**Notice of Independent Review Decision
Amended X**

X
Amended X

IRO Case number: 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

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)

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

The claimant is a X diagnosed with abnormalities of gait and mobility, acquired absence of right leg below the knee, phantom limb syndrome with pain, hypertension, hyperlipidemia, vasculitis chronic inflammatory demyelinating polyneuropathy (CIDP) and other vascular myelopathies. The claimant is requesting X.

Occupational Therapy Plan Notes dated X documents the claimant lives with X. X is currently X. It documents the claimant "X" in X, for which X had X. The leg did X. The claimant was able to X.

Visit notes by X, D.O dated X document the claimant continues to X. The claimant reports X is X. The claimant reports that the X. Dr. X states "My recommendations are including below: The acquisition of a X 2. X."

Denial Letter from X dated X stated "The X has reviewed your appeal of denied services based on the information received regarding the above-named injured employee. The recommendation is to deny the requested service(s). See page three for the denied service(s). Decisions for preauthorization or concurrent review are based solely on whether the proposed service(s) is medically appropriate. Life-Threatening Conditions and Interlocutory Orders: If the employee has a life-threatening condition or the request involves a medical interlocutory order, the employee or his/her representative and his/her provider of record can request an immediate review by an independent review organization (IRO) and are not required to follow our internal appeal procedures."

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

The claimant is a X diagnosed with abnormalities of gait and mobility, acquired absence of right leg below the knee, phantom limb syndrome with pain, hypertension, hyperlipidemia, vasculitis chronic inflammatory demyelinating polyneuropathy (CIDP) and other vascular myelopathies. The claimant is requesting X.

Based on the provided clinical history and the applicable ODG physical therapy guidelines, the request for X is medically appropriate and supported. The claimant has X.

The ODG guidelines specifically allow up to X. The claimant has demonstrated X.

Therefore, the denial of the X is overturned, as it's consistent with the guidelines and is medically necessary to support the claimant's continued functional recovery and safe reintegration into the community.

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
- 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)