

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 is a case of a X patient who had an injury on X, X was X.

On X, the patient presented for a referral for a X. Review of systems revealed a normal active range of motion of hip, X displayed an excellent range of motion in X right hip, normal hip strength. Flexion, extension, abduction, adduction, internal rotation, and external rotation were all X. X has X. There were no swelling or mass of the hip, buttocks, or thighs. A referral for a X was provided for the diagnosis of Complete traumatic amputation at knee level, left lower leg, sequela and a Complete traumatic amputation at level between right hip and knee, subsequent encounter. According to the addendum dated X, the patient has begun X. X current right above X. It was also noted that X demonstrated ability to walk X feet without stopping, walker over X feet with only a short break, leg pressed X lbs and cycled for X minutes. During the visit, the patient reported pain of X and swelling located over the anterior aspect of the left thigh.

The patient was seen on X and X reported that X. X general physical condition was good, stability with X was stable and had X falls in the past X months. X upper body strength was reported to be X. Sensation, balance, and cognition were X. During the visit, the

patient successfully demonstrated X. X also reported that X has been attending X. X activity level was reported as X.

A Notice of Adverse Determination was issued on X for the request for a X.

On X, a Notice of Adverse Appeal Determination was issued. A peer-to-peer was initiated on X.

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

This is a case of a X patient who had an injury on X, X was X.

According to the Official Disability Guidelines, X, X. Recommended only to deliver otherwise recommended X for patients who are X. X does not include X. X is recommended for X.

According to the Official Disability Guidelines, X, X for Pain is recommended on a short-term basis, not initially exceeding X visits over X weeks, following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide in-home medical care and domestic care services for those whose condition would otherwise require extended inpatient care. An extension may be required to X. Justification for the medical necessity of X requires documentation of:

X. Furthermore, X demonstrated ability to walk X feet without stopping, walker over X feet with only a short break, leg pressed X lbs and cycled for X minutes, and was ready to start working out more.

Based on the review of systems, evaluation, assessments, and the abilities of the patient, the request for X is not medically necessary. The patient is physically fit, X has a roommate that is willing and able to provide assistance, X is highly motivated to work out more

and has been attending X. Furthermore, X does not have any medical needs that would require a X. Therefore, the denial of the X is upheld and is 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)



Credentials, Knowledge & Experience

X

No Delegation of the Review

X

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

X