



Physio
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Notice of Independent Review Decision

X Amended

IRO Case Number: X 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 X

Upheld (Agree)

Overtured

(Disagree)

Partially Overtured (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, date of birth X, is a X-year-old individual diagnosed with F43.10 Post- traumatic stress disorder (PTSD) F32.9 Major depressive disorder,

single episode, unspecified, and F41.1 Generalized anxiety disorder, and seeking coverage for X. The individual was involved in a X. Evaluation dated X indicates that the individual initially saw a X. X is not currently working. X reports flashback symptoms and has been having nightmares. Office visit note dated X indicates that the individual reports their mood has been "up and down", feeling very agitated with people and family as well as feeling irritable when trying to talk to individuals. The individual reported not wanting to be around anyone. The individual reported thinking that they may be in another accident and that they are not getting out of the house due to feeling safer at home. The individual did report trying to go out and walk. The individual reported sporadic sleep at night and was not taking naps during the day. The individual reported their energy has improved. The individual reported increased appetite but still has nausea sometimes. The individual reported feeling like their heart and mind races with the tendency to pace. The individual reported having flashback symptoms where they can see the dead cyclist and smell the burning body as well as having nightmares and does not like to talk about what happened. The individual also had hypervigilance symptoms. The current medications include X, X, X and X. On exam, the individual was anxious, their affect was restricted. The thought process was logical, goal oriented with normal thought content. The individual displayed X. The individual reported some improvement since taking X in their quality of sleep, appetite and the frequency of panic attacks. Per letter medical necessity dated X, the individual is experiencing persistent trauma related symptoms including flashbacks, nightmares and anxiety attacks that continue to interfere with their daily functioning. Information received with the claim noted that the individual X.

Per the X New Patient Evaluation, the member, a X-year-old X, presents with a history of X. Following the incident, X experienced significant PTSD symptoms, including flashbacks, nightmares, and avoidance behavior. X reports feeling stuck, experiencing low energy, trouble sleeping, anhedonia, and a lack of appetite since the accident. X also experiences heightened anxiety and has had thoughts about not wanting to be alive, though X denies any suicidal intent. In terms of X medical history, X is currently on medications, including X, X, and X, and has never been on medications before this. X denies any substance use and has a supportive family but is not currently in a relationship. X lives with X. X has not experienced any emotional, physical, or sexual abuse in X past.

Per the X Follow-up, the member with a history of PTSD, attended a video appointment where X reported fluctuating mood and increased agitation, particularly around family interactions. X mentioned feeling safer at home and experiencing sporadic depression, nightmares, and flashbacks related to a X. Although X has been managing some symptoms, X struggles with anxiety and avoidance behaviors. The assessment concluded that X meets the criteria for X. A follow-up is scheduled in X month.

Per the X Adverse Determination Letter, X reviewed the request for X. After review, the request was denied based on a lack of medical necessity. Additional sessions would exceed the guideline recommendations.

Per the X Complaint to Texas Department of Insurance, Dr. X is filing a complaint with the Texas Department of Insurance due to X for X patient, X, who suffers from X. Despite evidence of stabilization from medication, Dr. X emphasizes that X is essential for X treatment, following national guidelines. X has submitted a formal appeal after initial and subsequent denials from X, which cited inappropriate criteria for treatment approval. Dr. X requests an investigation into X refusal to authorize X and seeks to ensure necessary care for X condition.

List of Records Reviewed:

X

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

The initial request was non-certified, noting that, “The Official Disability Guidelines recommend X.” In this case, the individual reported their mood has been "up and down", feeling very agitated with people and family, as well as feeling irritable when trying to talk to individuals. The individual reported not wanting to be around anyone and reported thinking that they may be in another accident and that they are not getting out of the house due to feeling safer at home. They did report trying to go out and walk. The individual reported sporadic sleep at night and was not taking naps during the day they also reported their energy has improved. The individual reported an increased appetite but still has nausea sometimes. The member also reported feeling like their heart and mind races with the tendency to pace. The individual reported having flashback symptoms where they can X. The individual also had hypervigilance symptoms. The current medications include X, X, X and X. On exam, the individual was anxious, and their affect was restricted. The thought process was logical, goal-oriented with normal thought content. The individual displayed X. The individual reported some improvement since taking X in their quality of sleep, appetite, and the frequency of panic attacks. Per a letter medical necessity dated X, the individual is experiencing persistent trauma related symptoms, including flashbacks, nightmares and anxiety attacks that continue to interfere with their daily functioning. Information received with the claim noted that the individual X. The provider is requesting X; however, the individual has X. As such, the request for X is unauthorized. The denial was upheld on an appeal noting that, “The Official Disability Guidelines recommend up to X.” Based on the records, the individual has been receiving X for complaints of anxiety, depression, irritability, agitation, nightmares, and flashbacks following the X. As per treatment history, the individual has attended X. This case was previously non-certified as the number of visits goes beyond the guideline’s criteria. Supplemental information was submitted by the provider indicating the individual has demonstrated improvement in symptoms as evidenced by having improved sleep and appetite, decreased panic attacks, increased energy, and continued engagement to activities, from which further treatment is needed. However, the request is still not supported as the X requested have greatly surpassed the allowed number of treatments per the guidelines. Therefore, the medical necessity has not been established. The

Official Disability Guidelines support up to X. The guidelines note that the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of X. The submitted clinical records indicate that the individual has X. The request for X exceeds guidelines and also does not allow for adequate interim follow-up to assess the member's response to treatment and adjust the treatment plan accordingly. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. As such, it is recommended that the previous denial be upheld and the request for X be denied.

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
X ODG - Official Disability Guidelines & Treatment Guidelines