P-IRO Inc.
An Independent Review Organization
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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER 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:

☐ Overturned Disagree

☐ Partially Overturned Agree in part/Disagree in part

☒ Upheld Agree

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was working under a X. X sustained X. The diagnosis was fractures of other skull and facial bones (S02.80XA), concussion (S06.0XAA), blast injury (T14.8XXA), diplopia (H53.2), mood disorder due to medical condition (F06.30), status post surgery (Z98.890), and traumatic brain injury (S06.9XAA).

X was admitted to a X. Regarding activities of daily living, it was noted X presented with deficits in short-term memory loss, visual attention and convergence with diplopia, dizziness and decreased activity tolerance, affecting tolerance for activities of daily living and time taken to complete tasks X reported receiving minimum-to-moderate assist from X. regarding independent living skills / productive activity, it was noted that X presented with deficits in short-term memory loss, visual attention and convergence with diplopia, dizziness and decreased activity tolerance, affecting participation in instrumental activities of daily living including community integration with grocery shopping, housekeeping / yard work, child care, and return to work. X reported being provided distant supervision by family with close supervision for higher level tasks. X additionally relied on family at the time for transportation to any outing / appointments. Regarding communication / swallowing / cognition, X presented with mild deficits in the areas of executive functioning, recall, auditory comprehension, expressive language, pragmatics, and oral motor abilities. X completed the X scoring a X and passing X takss. X presented with deficits in the areas of executive functioning, short-term memory, processing speed and self-awareness. X presented with mild deficits with word finding, use of abstract language, naming, and sentence completion. X was able to name X animals in X minute and X “X” words in X minute. X presented with mild non-verbal communication impairments. X

presented with increased emotions at inappropriate times (anger, laughter, crying). X would giggle throughout evaluation at inappropriate times. X reported that many people had brought this up, and X did not notice it. X presented with increased difficulty with auditory comprehension and processing speed. X required increased time, repetitions, and rewording for optimum comprehension. X presented with minimal oral motor deficits on the right side. X reported X had limited sensation on the right side. No swallowing deficits were noted. X would benefit from skilled speech services to improve the above-mentioned deficits. X was recommended X. On X, X was evaluated by X, MD. X was feeling anxiety during the day as well as nighttime, sometimes with nighttime awakening. X had X. X was not approved. X dose was increased. X was taking X for headaches and stated X got headaches frequently. X had not been approved. Neurologic examination revealed X. Dr. X noted X was X of the way toward meeting the physical requirements of X job. The assessment was fractures of other skull and facial bones (S02.80XA), concussion (S06.0XAA), blast injury (T14.8XXA), diplopia (H53.2), mood disorder due to medical condition (F06.30), status post surgery (Z98.890), and traumatic brain injury (S06.9XAA). X was started. X was allowed to return to work with restrictions of no pushing, pulling, climbing stairs / ladders, no driving / operating heavy equipment, and no lifting / carrying objects more than X pounds.

A CT scan of the head dated X, revealed X. The facial bones were not fully images nor diagnostically assessed on this CT head examination. Possible X was noted in the right inferior frontal lobe, possibly reflecting X. There was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “ODG by MCG Last review/update date: X." According to the medical records provided, the patient is a X-year-old who sustained an injury on X. The mechanism of injury was listed as a X. As a result, the patient sustained multiple facial fractures, traumatic brain injury, and vision

problems for which the patient was last seen on X for follow-up. The patient was X. During the visit, the patient was endorsing overall improvements. The provider documented that the X. On physical exam (PE), the patient remained clinically stable. Post-injury treatments included the use of X. The patient was X. Diagnoses include X. The patient reports ongoing symptoms including headaches, diplopia, mood swings, memory issues, dizziness, and fatigue, impacting daily activities and work capacity. This compensable injury is now nearly X months old, and the patient was authorized and has X. Reportedly, the patient was yet to be seen and evaluated by a neurologist. As of the latest visit notes, the patient remained clinically stable. The patient had been X. Given this patient's current clinical profile and the ODG guidelines, the request is not medically reasonable. It exceeds the recommended guidelines. No rationale was provided for this request. Insufficient clinical information was furnished to establish medical necessity. Therefore, the requested X is not medically necessary."

Per an appeal letter dated X, X, MS CCC-SLP / Clinical Coordinator, X documented, "X is a X year old X who was admitted to X. X was working under a X. X presented with a X. X also had a X. On X, X underwent X and was discharged home on X. X started X through X on X and has been placed on hold as of X due to denial of ongoing services." "Justification for Appeal: Although X has made fair progress with X initial goals in therapy, X has not yet demonstrated independence with any of the goals and has not reached the capacity to return to work or any vocational role for any amount of time per week. X continues with dizziness, fatigue, reliance on others for support, headaches, nausea, impaired strength, and balance and overall decreased activity tolerance. X demonstrates X. Additionally, X has ongoing deficits in X. X is only able to tolerate walking for up to X minutes. All the above deficits decrease X participation in basic and instrumental activities of daily living in the home and community, decrease X ability to actively participate in X role as a father, and impede X ability to return to X previous vocational role at this time." "Rationale for X: X still experiences headaches, dizziness, hypertension, impaired coordination, and impaired balance. X continues to require assistance with tracking X symptoms, managing symptoms,

interpreting blood pressure readings, and adjusting activity level to be safe whenever X is present. Due to limited X thus far, X has not had an X." "Rationale for X: X is essential in addressing X functional needs following X. Providing X. This includes navigating sensory overstimulation, managing multi-step tasks in unpredictable settings, and applying learned strategies in meaningful, functional contexts. Community sessions, such as structured outings to public places (e.g., libraries, stores), provide valuable opportunities to practice compensatory strategies, increase endurance, and develop insight into functional limitations in a supportive and therapeutic setting. In the home, X focuses on task-specific executive function rehabilitation, environmental modifications, and routine-building strategies tailored to X individual needs and environment. X also facilitate family education and goal-oriented routines that continue to promote increased endurance and independence." "Rationale for X: X would benefit from X. These difficulties significantly impact X ability to manage tasks independently and safely, both at home and in community settings; for example, X is just now exhibiting improvements with X. While X has begun to target these areas, and interventions have been implemented across both environments, it has only been a X since services started. Therefore, continued X." "In conclusion, without X, X is at risk for ongoing injury, worsening of symptoms, and ongoing caregiver burden. X would like to reduce the risk of catastrophic injury resulting in long term hospital stay. Due to X young age and motivation level, X prognosis towards independence and function is good and without this X, X will require ongoing assistance and has low prognosis of returning to work without significant accommodations. X also emphasizes real-life, functional carryover for child-rearing and return to work skills. Given the complexity of X is necessary to support X functional recovery, promote overall increased endurance and understanding of needs, and enhance participation in valued life roles including child-care and vocational roles. We ask that you please consider approving X."

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "The claimant was evaluated with complaint of continues pain on head, eye and right side of face. Right-sided

headache rated at X. The documented physical examination revealed X. Prior report dated X, by X, MD, indicated the request for X was non-certified noting it exceeds the recommended guidelines. No rationale was provided for this request. Insufficient clinical information was furnished to establish medical necessity. ODG by MCG recommends X. The medical necessity of X. Further extension requires objective documentation of progress and evidence that X. The claimant had X. A valid medical rationale for the need for X, was not specified in the records provided. X is recommended as the next appropriate setting to continue progress and facilitate community reintegration. There was no documented medical barrier (e.g., uncontrolled seizures, severe mobility impairment) that prevented safe and effective X. Based on the ODG by MCG and the clinical information provided X are not medically necessary at this time. Therefore, the request is recommended non-certified as medically necessary."

The request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "ODG by MCG Last review/update date: X. The documented physical examination revealed X. Prior report dated X, by X, MD, indicated the request for X was non-certified noting it exceeds the recommended guidelines. No rationale was provided for this request. Insufficient clinical information was furnished to establish medical necessity. ODG by MCG recommends X. The medical necessity of X. Further extension requires objective documentation of progress and evidence that X. The claimant had X. A valid medical rationale for the need for X, was not specified in the records provided. X is recommended as the next appropriate setting to continue progress and facilitate community reintegration. There was no documented medical barrier (e.g., uncontrolled seizures, severe mobility impairment) that prevented safe and effective X. Based on the ODG by MCG and the clinical information provided X are not medically necessary at this time. Therefore, the request is recommended non-certified as medically necessary." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no rationale provided as to why

this patient requires X. The submitted clinical records indicate that the patient was X. Physical examination noted that the patient remained clinically stable. Therefore, medical necessity is not established in accordance with current evidence based guidelines. X is not medically necessary and non-certified.

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

The request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “ODG by MCG Last review/update date: X." According to the medical records provided, the patient is a X-year-old who sustained an injury on X. The mechanism of injury was listed as a X. As a result, the patient sustained X for which the patient was last seen on X for follow-up. The patient was X on X. During the visit, the patient was endorsing overall improvements. The provider documented that the X. On physical exam (PE), the patient remained clinically stable. Post-injury treatments included the use of X. The patient was undergoing X. Diagnoses include depression and anxiety due to a known physiological condition, as well as traumatic subdural hemorrhage. The patient reports ongoing symptoms including headaches, diplopia, mood swings, memory issues, dizziness, and fatigue, impacting daily activities and work capacity. This compensable injury is now nearly X months old, and the patient was authorized and X. Reportedly, the patient was yet to be seen and evaluated by a neurologist. As of the latest visit notes, the patient remained clinically stable. The patient had been X. Given this patient's current clinical profile and the ODG guidelines, the request is not medically reasonable. It exceeds the recommended guidelines. No rationale was provided for this request. Insufficient clinical information was furnished to establish medical necessity. Therefore, the requested X is not medically necessary.” Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “The claimant was evaluated with complaint of continues pain on head, eye and right side of face.

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Right-sided headache rated at X. The documented physical examination revealed X. Prior report dated X, by X, MD, indicated the request for X was non-certified noting it exceeds the recommended guidelines. No rationale was provided for this request. Insufficient clinical information was furnished to establish medical necessity. ODG by MCG recommends X. The medical necessity of X. Further extension requires objective documentation of progress and evidence that continuation of X. The claimant had already X. A valid medical rationale for the need for X. There was no documented medical barrier (e.g., uncontrolled seizures, severe mobility impairment) that prevented safe and effective X. Based on the ODG by MCG and the clinical information provided X are not medically necessary at this time. Therefore, the request is recommended non-certified as medically necessary." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no rationale provided as to why this patient requires X. The submitted clinical records indicate that the patient was X. Physical examination noted that the patient remained clinically stable. Therefore, medical necessity is not established in accordance with current evidence based guidelines. X is not medically necessary and non-certified.

Upheld

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ TMF SCREENING CRITERIA MANUAL

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☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ MILLIMAN CARE GUIDELINES

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ INTERQUAL CRITERIA

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE