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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

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on the job on X, when X was X. The diagnosis was unspecified synovitis and tenosynovitis, left ankle and foot (X); and injury of peroneal nerve at lower leg level, unspecified leg, initial encounter (X).

On X, X underwent a behavioral evaluation and request for X, by X, MA supervised by X, PhD. X was referred for a behavioral evaluation by Dr. X who requested X. The measurements administered included clinical interview, Beck Depression Inventory-II (BDI-II); Beck Anxiety Inventory (BAI); Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R); Fear Avoidance Beliefs Questionnaire (FABQ); and Mental Status Examination. It was noted that the pain resulting from X injury had severely impacted normal functioning physically and interpersonally. X reported frustration and anger related to the pain and pain behavior, in addition to decrease ability to manage pain. X had reported high stress resulting in all major life areas. X would benefit from a course of X. It would improve X ability to cope with pain, anxiety, frustration, and stressors, which appeared to be impacting X daily functioning. X should be treated daily in a X. The program was X. The program consisted of, but was not limited to X. These intensive services would address the ongoing problems of coping, adjusting, and returning to a higher level of functioning as possible. A job-specific Functional Capacity Evaluation (FCE) was conducted by X, OTR, on X to determine X tolerance to perform work tasks. X demonstrated the ability to perform X of the physical demands of X job as X. Consistence of Effort results obtained during the testing indicated X put forth full effort. Reliability of Pain results obtained during testing indicated pain could have been considered while making functional decisions. X demonstrated the ability to perform within the SEDENTARY Physical Demand Category (PDC) based on the definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles, which was below X job's demand category. Based on sitting and standing abilities, X may be able to work full time within the functional abilities outlined in this report. It should be noted that X job as a X is classified within the HEAVY PDC. X lifted X pounds to below waist height. X lifted X pounds to shoulder height and X pounds overhead.

X carried X pounds. Pushing abilities were evaluated, and X pulled X horizontal force pounds and pushed X horizontal force pounds respectively. Non-material handling testing indicated X demonstrated an occasional tolerance for bending, fine coordination, firm grasping, and gross coordination. X demonstrated the ability to perform pinching, simple grasping, sitting and standing with frequent tolerance. Above shoulder reach and forward reaching were demonstrated on a constant basis. The functional activities X should avoid within a competitive work environment included dynamic balance, static balance, crawling, repetitive kneeling, sustained kneeling, ladder / other, squatting, stair climbing, and walking. A Physician Progress Report dated X, was documented by X, MD. X felt about the same burning, throbbing, pins and needles, numbness, and X pain. X was unable to work, able to do X to X of X job. Walking made the pain worse. Any other position helped. X had no new symptoms. X was following the treatment plan, but it was not helping. X was taking medication for the pain. X had received X. X had X, which had not helped. MRIs and other workup had been done. Musculoskeletal examination revealed X was unable to walk on X toes and heels. X had a X. There was X noted in the X. The assessment was unspecified synovitis and tenosynovitis, left ankle and foot (X); and injury of peroneal nerve at lower leg level, unspecified leg, initial encounter (X). Dr. X would see X back in X weeks for pending approval of 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: Based on the medical records available for review, the claimant demonstrated persistent left foot and ankle pain with functional limitations; however, the most recent functional capacity evaluation confirmed the ability to perform full-time sedentary work with consistent effort and reliable pain reporting. Although the claimant completed X. The behavioral evaluation reflected X. Moreover, the claimant remains engaged in home exercises, demonstrates motivation to return to work, and retains partial activity tolerance. It is reasonable to proceed with further targeted interventions and a structured, progressive rehabilitation plan before considering a X . Therefore, the request for an X is not medically established at this time. The ODG recommends X. In this case, the claimant continues to experience pain despite treatment but

remains capable of full-time sedentary work, engages in home exercises, and demonstrates motivation to return to work. While prior X did not fully resolve symptoms, functional improvement was noted, and X. The behavioral evaluation does X. Therefore, the request is non-certified.”

An appeal letter dated X, by X, MA supervised by X, PhD and X, MD, documented, “I am writing to appeal the denial of X for X, based on the determination that X is capable of performing light-duty work. This decision does not fully consider X medical condition, functional limitations, and the requirements of X occupation as a X, which demands lifting over X pounds. I respectfully request reconsideration of this denial, as the X is medically necessary to restore X functionality and enable X return to work. X is X years post-injury and continues to experience significant impairments including X. X symptoms include persistent foot swelling, heaviness, and numbness, which severely limit X ability to perform X job duties. X employer does not permit light-duty work, rendering X unable to work. Prior treatments including X, have not sufficiently restored X function. X is currently prescribed X. The denial rationale X supports X candidacy for the X, as it acknowledges X ongoing pain and functional limitations. The Behavioral Evaluation dated X, indicates minimal Beck Anxiety Inventory (BAI) and moderate Beck Depression Inventory (BDI) scores, high fear-avoidance behavior (pages 4-5), and a high risk of substance use due to X pain medication regimen. These findings align with the criteria for a X. X demonstrates strong vocational motivation to return to X job, as noted in the evaluation. X are planned, as prior treatments have been exhausted without adequate results. The Functional Capacity Evaluation (FCE) and treatment history, in accordance with Official Disability Guidelines (ODG), further support X eligibility for the X. This program is critical to improving X physical function, managing X, and facilitating X return to work.”

Per a reconsideration review adverse determination letter dated X, the appeal request for X, was denied by X, MD. Rationale: “Based on this reconsideration review, it has been determined that the requested medical treatment listed below does not meet established criteria for medical necessity therefore the original determination is upheld. While the claimant continues to report pain and functional limitations, documentation does not X. The behavioral evaluation did not establish significant X. There are X noted.

Based on the clinical information provided, 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: Based on the medical records available for review, the claimant demonstrated persistent left foot and ankle pain with functional limitations; however, the most recent functional capacity evaluation confirmed the ability to perform full-time sedentary work with consistent effort and reliable pain reporting. Although the claimant X. The behavioral evaluation reflected minimal depression and moderate anxiety but did not establish X. Moreover, the claimant remains engaged in home exercises, demonstrates motivation to return to work, and retains partial activity tolerance. It is reasonable to proceed with further targeted interventions and a structured, progressive rehabilitation plan before considering a X. Therefore, the request for an X is not medically established at this time. The ODG recommends X. In this case, the claimant continues to experience pain despite treatment but remains capable of full-time sedentary work, engages in home exercises, and demonstrates motivation to return to work. While prior X was noted, and additional X. The behavioral evaluation does not support X. Therefore, the request is non-certified.” Per a reconsideration review adverse determination letter dated X, the appeal request for X, was denied by X, MD. Rationale: “Based on this reconsideration review, it has been determined that the requested medical treatment listed below does not meet established criteria for medical necessity therefore the original determination is upheld. While the claimant continues to report pain and functional limitations, documentation does not support that all medically indicated interventions have been exhausted. The behavioral evaluation did not X. There are X noted.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records report that no treatment to date has helped this patient. The patient’s only current medications are X. The current records report that X has had no prior injuries; however, there are records from X. It is unclear if the patient has attempted to return to work in any capacity. There is no documentation of lower levels of psychological treatment. Given that X current PDL is sedentary, it is unclear if reaching X required PDL of heavy is a realistic expectation for return to work. 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:**

Based on the clinical information provided, 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: Based on the medical records available for review, the claimant demonstrated persistent left foot and ankle pain with functional limitations; however, the most recent functional capacity evaluation confirmed the ability to perform full-time sedentary work with consistent effort and reliable pain reporting. Although the claimant completed X. The behavioral evaluation reflected minimal depression and moderate anxiety but did not establish X. Moreover, the claimant remains engaged in home exercises, demonstrates motivation to return to work, and retains partial activity tolerance. It is reasonable to proceed with further targeted interventions and a structured, progressive rehabilitation plan before considering a X. Therefore, the request for an X is not medically established at this time. The ODG recommends X. In this case, the claimant continues to experience pain despite treatment but remains capable of full-time sedentary work, engages in home exercises, and demonstrates motivation to return to work. While X. The behavioral evaluation does not X. Therefore, the request is non-certified.” Per a reconsideration review adverse determination letter dated X, the appeal request for X, was denied by X, MD. Rationale: “Based on this reconsideration review, it has been determined that the requested medical treatment listed below does not meet established criteria for medical necessity therefore the original determination is upheld. While the claimant continues to report pain and functional limitations, documentation does not support that all medically indicated interventions have been exhausted. The behavioral evaluation did not X. There are X noted.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records report that no treatment to date has helped this patient. The patient’s only current medications are X. The current records report that X has had no prior injuries; however, there are records from X. It is unclear if the patient has attempted to return to work in any capacity. There is no documentation of X. Given that X current PDL is sedentary, it is unclear if reaching X required PDL of heavy is a realistic

expectation for return to work. 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
- 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