

CPC Solutions

An Independent Review Organization

P. O. Box 121144 Phone Number:
Arlington, TX 76012(855) 360-1445
Email: @irosolutions.com

Fax Number:
(817) 385-9607

Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

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)

Information Provided to the IRO for Review:

X

Patient Clinical History (Summary)

The claimant is a X who sustained an injury on X after X. The claimant reported feeling a pop at the left hamstring area. The X left thigh MRI report noted a injury of the X. The X evaluation noted X. There was pain with resisted knee flexion. The requested X was denied as a X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used

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Case Number: X

Date of Notice: X

to support the decision.

The claimant presents pain at the left hamstring area with the current physical exam demonstrating reproduced pain with resisted left knee flexion and tenderness to palpation at the hamstring area. The left thigh MRI confirmed a X. Given the extent of the X noted on MRI with the physical exam findings, it would be appropriate to proceed with the X. However, the records would not support the X. A X post-operatively would be appropriate; however, the request does not specify between a X. Therefore, medical necessity is established for the requested X. The remaining items being requested X are not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Internal 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)