True Resolutions Inc.

Notice of Independent Review Decision

True Resolutions Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #624
Mansfield, TX 76063
Phone: (512) 501-3856
Fax: (888) 415-9586
Email: @trueresolutionsiro.com

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

True Resolutions Inc.

Notice of Independent Review Decision

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X. While working as a X, X sustained a work-related right ankle and foot sprain while stepping off a lift gate, resulting in a spring ligament rupture confirmed by an MRI. was diagnosed with sprain of an unspecified ligament of the right ankle (X); unspecified sprain of right foot, subsequent encounter (X); and other sprain of right foot, initial encounter (X).

X, DO documented a letter on X, regarding an update to clinical note dated X. At that time, X had completed X. Since that date, X had completed an additional X. also completed an Interim Functional Capacity Evaluation (FCE). The following improvement were made: physical / functional activities: overall physical demand level (PDL) had improved two levels from light-medium to medium-heavy; floor to waist lift improved from X to X occasionally; waist to shoulder lift improved from X to X occasionally; carry improved from X to X; pull improved from X; standing tolerance improved from X to X, but not prolonged; squatting tolerance improved from rarely to occasional; climbing tolerance improved from rarely to occasional; range of motion improved across all planes of movement from severely deficient to moderately deficient. Psychosocial / Behavioral Progress: Symptoms of fear-avoidance have decreased from a severe level to a mild level as demonstrated by a decrease in the Fear-Avoidance Component Scale (FACS) score from X to X. symptoms of depression have decreased from a mild level to a minimal level as demonstrated by a decrease in the Patient Health Questionnaire - 9 (PHQ-9) score from 5 to 1; symptoms of anxiety have decreased from a mild level to a minimal level as demonstrated by a decrease in the Generalized Anxiety Disorder-7 (GAD· 7) score from 6 to 0. Additionally, the pain level decreased from 6/10 to 4/10. X's motivation remains high and was actively participating in treatment sessions, adhering to the plan of care as exhibited by attendance / compliance / effort. Furthermore, Dr. X documented that "At this point, this patient is within X. At this

point, given Very Heavy capacity expectations and current testing at Medium-Heavy, I would recommend that stands to benefit rather dramatically from continuing the rehabilitation regimen. In addition, is very much interested in pursuing a X. reports has been doing really well, with both objective and subjective improvements in function, strength, pain, and range of motion, I would advise that proceed with X. We will submit for X, based on this very good progress made, so as to avoid a gap and/or lapse in treatment. I think is an excellent candidate and will likely achieve goals at the end of X."

X was seen by X on X for ongoing complaints of postoperative right ankle pain radiating into the big toe and just proximal to the ankle (with the carrier accepting "right ankle sprain and right foot sprain"). had completed X. showed excellent overall strength in physical therapy and occupational therapy, but the ankle and foot continue to be a very significant "weak link" in overall functioning. On examination, the right ankle and foot examination showed improved strength with resisted motion and improved range of motion especially with dorsiflexion. The 1st toe showed some major improvement in range of motion as well. The assessment included right ankle sprain with MRI-confirmed spring ligament rupture and right foot sprain. Mood and affect were somewhat flat. Dr. X requested X, especially of the ankle and foot, which showed continued significant deficits.

Treatment to date included X.

Per a utilization review adverse determination letter dated X and a peer review dated X, the request for X was denied by X, DO. Rationale: "According to Official Disability Guidelines, Fitness for Duty: Ankle and Foot; Burns and Wounds; Elbow; Forearm. Wrist and Hand; Hip and Pelvis; Knee and Leg; Low Back; Neck and Upper Back; Pain; Shoulder, Online version, X, X, 'X may be recommended for 1 or more of the following (1) (Initial therapy when ALL of the following are present: All underlying causes have been assessed and treated (e.g., fracture, infection). Appropriate pain condition for rehabilitation, as indicated by 1 or more of the following: Pain with evidence of loss of function that persists beyond X weeks.

True Resolutions Inc.

Notice of Independent Review Decision

Pain with evidence of loss of function that persists for X weeks and ALL of the following. Presence of risk factors that increase likelihood of transition to chronic pain, as indicated by 2 or more of the following: X. Recent change of symptoms or function in patient with previously stable chronic pain'. In this case, the patient was diagnosed with Sprain of other ligament of right ankle. The patient completed X out of the X and has now advanced to phase II of recovery plan. The patient has yet to X to warrant X. Therefore, the medical necessity of the request has not been established. Thus, the request is not certified."

Per a utilization review adverse determination letter dated X and peer review dated X; the prior denial was upheld by X, MD. Rationale: "The previous utilization review on X was non-certified, stating the patient completed X and has now advanced to phase II of the recovery plan. The patient has yet to complete the first part of the X to warrant X at this time. Based on the submitted clinical and this patient's score, there are significant comorbid conditions, including moderate emotional distress, moderate to severe pain, elevated levels of avoidance and fear related to this compensable injury, mild to moderate anxiety / depression, and body mass index (BMI) greater than 35. As a X, the patient has been out of commission for X. Despite an inordinate amount of operative and non-operative care, the patient remained at a medium to heavy physical demand level (PDL). The submitted medical document indicates that post-op, this patient has significant pathology in their right great toe (X), which is a major weight-bearing toe and heavily impacts the ability to maintain gait / balance. Post-op, the physical status of the great toe impacted the functionality of this patient's right ankle / right knee joints. This is a permanent condition that can not be cured, restored, or reversed through ergonomic training or a change of beliefs that emotions have a significant impact on pain experience. With a reasonable degree of medical certainty, given this patient's current clinical profile, past physical and mental performances, and various physical (BMI greater than 35) and mental comorbid conditions, X are not likely to result in a full curative and / or restituted outcome. As such, the above request is not medically reasonable and is recommended for non-certification. A successful peer-to-peer call with X, designee, on behalf of X, DO, was made. The details of the request were

discussed, and the results of that discussion are documented below: X stated that the patient had FCE at the middle of the patient's FRP on X, which showed medium to heavy PDL, whereas the patient's job requirement needed to be very heavy PDL The patient was eager to resume work. The patient was being rehabilitated in terms of gait / stance due to right great toe post-op complications. The patient was on no psychotropic medications and was not certain that the patient had a follow-up with orthopedic surgeon. No additional clinical information was exchanged. The clinical facts remain that the patient has significant comorbid conditions listed in the rationale. The determination stands. Therefore, the appeal request for X is upheld and non-certified."

In a letter dated X, X, DO documented that X's had ongoing complaints of postoperative right ankle pain radiating into the big toe and just proximal to the ankle (with the carrier accepting "right ankle sprain and right foot sprain"). The pain originated on X, was continuous and frequently severe, modified by increase in activity level. had received a rapid-fire double denial for the X. On the initial request for the X, the peer-to-peer made a determination without actually having a peer-to-peer conversation with Dr. X, who left multiple messages. The peer did not return any of them and made an adverse determination without actually talking to Dr. X. They requested a X and, unfortunately, the carrier treated it as a reconsideration without actually giving a reconsideration and rebuttal to the initial peer. The second peer proceeded to do a cut-and-paste denial without, again, talking with the doctor and actually completing a peer-to-peer call and discussion. In the denial from the peer, references the initial denial on X, where that doctor looked at notes from X, and X had only completed X and, because did not talk with Dr. X, did not know that X was basically X. A note dated X, Dr. X documented that X had completed X. In the second denial, the reviewer used a cut and paste denial where states that, "The patient had significant pathology in the right great toe which is X," and basically wrote off X stating that this was a permanent condition that could not be cured, restored, or reversed through X. This was a very common standard denial tactic used by peer review which nothing points to the pathology in the right great toe being a permanent condition. Additionally, the X did not attempt to cure, restore, or reverse permanent

conditions anyway and, indeed, X attempt to “restore” function of the whole person as much as possible rather than write off the patient at completely incapable of improving their functional status. Indeed, Dr. X’s documentation very clearly showed that X’s functional status had improved significantly over the course of first hall of the program and actually exceeding the “Athletic Threshold” of functionality in physical therapy. In occupational therapy, which deals with more complex activities and exercises, X also showed very significant progress, but still needed to progress further to try and achieve preinjury functional level. Finally, the second review gave a further denial that X were not likely to result in a full curative and / or restituted outcome. Although, these were very big words, they have nothing to do with ODG criteria for the program. X merely needs to show "material recovery" over the first half of the program and still have deficits from preinjury functional levels to be approved for the X. This doctor’s opinion that X could not achieve a meaningful life after a surgical repair is basically nothing short of insulting to the patient or the practice of medicine in general. In summary, Dr. X documented that “the first denial was erroneous as I was not allowed to talk with the peer and the second denial was inappropriate for that reason and secondly, the second denial was rife with opinions that have nothing to do with ODG criteria, much less any expectation of someone recovering from a surgical procedure and injury. The patient is planning to file an IRO request and this documentation will be included in all of my paperwork to be sent for that request.”

Based on the clinical information provided, the request for X is recommended as medically necessary and the previous denials are overturned. The submitted clinical records indicate that the patient has now completed the X. Per letter dated X, the patient’s functional status had improved significantly over the course of the X and actually exceeded the “Athletic Threshold” of functionality in physical therapy. In occupational therapy, showed very significant progress but still needed to progress further to try and achieve preinjury functional level. The submitted note from X indicates that the patient has noted moderate improvement in the program. has less pain, less welling and improved function. discontinued use of the custom orthotics and previous symptoms around the

great toe have resolved. still notices some soreness in the lateral hindfoot and notices ongoing mild weakness and lacks full confidence in the extremity. Given the additional clinical data, there is sufficient information to support a change in determination, and the request for X is certified for completion of treatment, consolidation of gains and discharge planning. X is medically necessary and 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 recommended as medically necessary and the previous denials are overturned. The submitted clinical records indicate that the patient has now completed X. Per letter dated X, the patient's functional status had improved significantly over the course of X and actually exceeded the "Athletic Threshold" of functionality in physical therapy. In occupational therapy, showed very significant progress but still needed to progress further to try and achieve preinjury functional level. The submitted note from X indicates that the patient has noted moderate improvement in the program. has less pain, less welling and improved function. discontinued use of the custom orthotics and previous symptoms around the great toe have resolved. still notices some soreness in the lateral hindfoot and notices ongoing mild weakness and lacks full confidence in the extremity. Given the additional clinical data, there is sufficient information to support a change in determination, and the request for X, consolidation of gains and discharge planning. X is medically necessary and certified.

Overturned

True Resolutions Inc.

Notice of Independent Review Decision

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